

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90083 005 ***538.75

DOCUMENT # L05000043824

1. Entity Name

ITALIANO DEVELOPMENT COMPANY, LLC



Principal Place of Business

3225 S. MACDILL AVENUE
SUITE 129-263
TAMPA FL 33629

Mailing Address

3225 S. MACDILL AVENUE
SUITE 129-263
TAMPA FL 33629



2. Principal Place of Business - No P.O. Box #

3208 W. San Carlos St.

3. Mailing Address

OK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Tampa, FL 33629

City & State

4. FEI Number

03-0557760

Applied For

Not Applicable

Zip

33629-5925

Country

HILLS

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ITALIANO, SALVATORE A
3225 S. MACDILL AVENUE
SUITE 129-263
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name SALVATORE A. ITALIANO

Street Address (P.O. Box Number is Not Acceptable)

3208 W. SAN CARLOS ST.

City TAMPA

FL

Zip Code

33629-5925

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MP
NAME ITALIANO, SALVATORE A
STREET ADDRESS 3225 S. MACDILL AVENUE
CITY-ST-ZIP TAMPA FL 33629 Delete

10. ADDITIONS/CHANGES

TITLE Change Amend
NAME Sai Italiano
STREET ADDRESS ~~3225 S. MacDill Ave~~
CITY-ST-ZIP ~~Suite 129-263~~
~~Tampa, FL 33629-5925~~ Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME Home:
STREET ADDRESS 3208 W. San Carlos St.
CITY-ST-ZIP Tampa, FL 33629-5925

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME Note:
STREET ADDRESS 1. mailing address is correct.
CITY-ST-ZIP 2. Place of Business is the home

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME address immediately
STREET ADDRESS above.
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Sai Italiano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-14-08

~~1-3-08~~

813-927-1057

ATTACHMENT

50008207
L05000043824

Florida Division of
Corporations.

7-14-08

I have been advised by
my CPA that we will
not dissolve the company
in 2008.

Herewith enclosed is the
Annual Report fee.

Please adjust your records.

Art Italiano