

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**



DOCUMENT # L05000057958

1. Entity Name  
CILUZZI ACQUISITIONS, LLC

**FILED**  
**Aug 22, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
155 BEACH LEAF ISLAND  
CENTERVILLE, MA 02632

Mailing Address  
155 BEACH LEAF ISLAND  
CENTERVILLE, MA 02632



07182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1226828

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KALCHMAN, CHARLES Z  
17071 W. DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33160

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**(FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008)**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000958209  
08/22/08-80003-006 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CILUZZI, JOHN E
STREET ADDRESS	155 BEECH LEAF ISLAND
CITY-ST-ZIP	CENTERVILLE, MA 02632
TITLE	MGRM
NAME	CILUZZI, GRETCHUN H
STREET ADDRESS	155 BEECH LEAF ISLAND
CITY-ST-ZIP	CENTERVILLE, MA 02632
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

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

Date

Daytime Phone #