

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036441

FILED  
Feb 27, 2009  
Secretary of State

**Entity Name:** CUOMO FLORIDA REALTY LLC

**Current Principal Place of Business:**

19 CANNON DRIVE  
NEWTOWN, CT 06470

**New Principal Place of Business:**

**Current Mailing Address:**

19 CANNON DRIVE  
NEWTOWN, CT 06470

**New Mailing Address:**

FEI Number: 20-4672436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANTHONY M. CUOMO REV, OCABLE TRUST 1 1 /2/05  
Address: 19 CANNON DRIVE  
City-St-Zip: NEWTOWN, CT 06470

Title: MGRM ( ) Delete  
Name: PATRICIA M. CUOMO RE, VOCABLE TRUST 1 1/2/05  
Address: 19 CANNON DRIVE  
City-St-Zip: NEWTOWN, CT 06470

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICIA CUOMO

MRS.

02/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date