
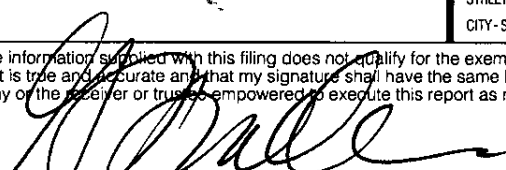


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90185 010 \*\*\*\*50.00

<b>DOCUMENT # L02000003931</b> 1. Entity Name <b>GIARDINA DI VILLA PALMA, L.C.</b>					
Principal Place of Business <b>27 PENNOCK LANE #205 JUPITER, FL 33458</b>			Mailing Address <b>27 PENNOCK LANE #205 JUPITER, FL 33458</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>02-0563564</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FRANCAVILLA, EUGENE F 2873 MILLER DR PALM BEACH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCAVILLA, EUGENE F		NAME		
STREET ADDRESS	2873 MILLER DR		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33458		CITY - ST - ZIP		
TITLE	Richard Bock MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1001 Coral Way		NAME		
STREET ADDRESS	Singer Island, FL 33404		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	Garnett Williams MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	972 So. Old Dixie Highway		NAME		
STREET ADDRESS	Jupiter FL 33458		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	Philip Melito MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8923 15 Ave		NAME		
STREET ADDRESS	Brooklyn NY 11213		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 			Date <b>3/10/04</b> Daytime Phone # <b>561582599</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					