

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90017 032 \*\*\*138.75

**DOCUMENT # L04000032690**

1. Entity Name  
IVIV LAND INVESTMENTS, L.L.C.



Principal Place of Business  
2137 J & C BLVD  
NAPLES, FL 34109

Mailing Address  
2137 J & C BLVD  
NAPLES, FL 34109

00000000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-1256848

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURAN, ALFREDO G.  
2340 SO DIXIE HIGHWAY  
MIAMI, FL 33133

Name

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

City

FL

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

*[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**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR  
NAME: QUERCIA, GIUSEPPE MAURO R  
STREET ADDRESS: 2137 J & C BLVD  
CITY-ST-ZIP: NAPLES, FL 34109 ☐ Delete

TITLE: ☐ Change ☒ Addition  
NAME: ☐ Change ☒ Addition  
STREET ADDRESS: ☐ Change ☒ Addition  
CITY-ST-ZIP: ☐ Change ☒ Addition

TITLE: SEC  
NAME: ZULOAGA, DANIEL  
STREET ADDRESS: 2137 J & C BLVD  
CITY-ST-ZIP: NAPLES, FL 34109 ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition  
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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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 reporter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]* GIUSEPPE MAURO R. QUERCIA  
Opr. Mgr.

1/16/08 (305)859-2696

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

Date

Daytime Phone #