## LINIEGRM RUSINESS REPORT (URR)

DOCU  1. Entity Nam	MENT # <b>F98000</b>	05564			8
	CANY LIMITED INCORPORAT	ED .	·	FILED	·
Principal Place of Business  PODERE TOLLE 1. 171. SCROFIANO  53040 SIENA. ITALY		Mailing Address PODERE TOLLE 1. 171, SCROFIANO 53040 SIENA, ITALY		O1 MAY 16 AN II: 31  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	151
City & Stat		City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 52-2126439 Applied I	For
Zip	Country		Country .	Not Appl	
	6. Name and Address of Current F			5Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent	
	6. Name and Address of Current P	egisieled Agent	Name	PAUL MATTISON	
MATTISON, PAUL				dress (P.O. Box Number is Not Acceptable)	
	HIDDEN FOREST LANE ASOTA FL 34235		1616	BIRCHWOOD	
			City C	SARASOTA FL Zip Code 34:	231
8. The above	named entity submits this statement for	the purpose of changing its egi	stered office or regi	egistered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or frintel; name of reflistered appears	d:		required when reinstating)  DATE  DATE	_
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW   F After MAY 1, 20 11   Make Check Payal is to	Fee will be \$550.0	i0.00 Trust Fund Contribution.	
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	D GARNER, JOHN R PODERE TOLLE 1, 171, SCROFIA	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	****150.00 *****150.00	10,
CITY-ST-ZIP	53040 SIENA, ITALY S	☐ Delete	TITLE	Change A	Addition R
NAME STREET ADDRESS CITY-ST-ZIP	BIAGINI, ELISA VIA XX SETTEMBRE, MARCIANO DELLA CHIANA 52047 AREZZO, ITALY		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D MATTISON, PAUL	Delete :	TITLE NAME	☐ Change ☐ A	ddition : °
STREET ADDRESS CITY-ST-ZIP	4711 HIDDEN FOREST LANE SARASOTA FL 34235		STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ A	ddition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ A	\ddition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
MLE		☐ Delete	TITLE	Change A	Addition
NAME STREET ADDRESS : CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
13. I hereby of indicated of the corr	on this report or supplemental report is coration or the receiver or trustee emportor on an attachment with an address, where the coracter of	rue and accurate and that r y si wered to execute this report as re th all other like empowered	gnature shall have t equired by Chapter	d in Section 119.07(3)(i), Florida Statutes. I further certify that the informal ve the same legal effect as if made under oath; that I am an officer or directer 607, Florida Statutes; and that my name appears in Block 11 or Block	12 if

SIGNATURE:

Date