


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010864

1. Entity Name
FRANK VICINO INVESTMENTS, L.C.



Principal Place of Business 3100 N. OCEAN BLVD., UNIT 1507 FT. LAUDERDALE, FL 33308	Mailing Address 3100 N. OCEAN BLVD., UNIT 1507 FT. LAUDERDALE, FL 33308
--	--

DO NOT WRITE IN THIS SPACE



02152005No Chg-LLC GR2E083 (10/03)

4. FEI Number 65-1042785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOFFA, JOSEPH C
 ONE FINANCIAL PLAZA, STE. 2202
 FT. LAUDERDALE, FL 33394**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VICINO, FRANK 3100 N. OCEAN BLVD., UNIT 1507 FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000244448
 02/26/05 80021-013 50.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Frank Vicino **FRANK VICINO** 2/24/05 954-444-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #