## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE

3. Mailing Address

## DOCUMENT # L01000000686

1. Entity Name

2. Principal Place of Business

Testarossa Limited LLC



## FILED May 15, 2006 8:00 am Secretary of State

05-15-2006 90239 047 \*\*\*\*50.00



 2706 Horseshoe Drive South
 PO Box 8088

 Suite, Apt. #, etc.
 DO NOT WRITE IN THIS SPACE

 Suite 220
 City & State
 4. FEI Number 50 2004004

City & State Naples, FL

City & State Naples, FL

City & State Naples, FL

Zip 34104

Country US

Country US

Country US

Country US

4. FEI Number 59-3691024

Applied For Not Applicable

Solutional Fee Required

\$5.00 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent							
Name Lester Pokorne							
Street Address (P.O. Box Number is Not Acceptable)							
2706 Horseshoe Drive South Ste 220							
<sup>City</sup> Naples	FL	Zip Code 34104					

8.	The above named entity submits this	statement for the	purpose of ch	anging its registered office or registered agent,	or both, in the State of Florida.	I am familiar with,	and accept
	the obligations of registered agent.	1 1				i	

SIGNATURE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

MANAGING MEMBERS/MANAGERS 9. TITLE TITLE Lester N Pokorne NAME NAME 2706 Horseshoe Drive South Ste 220 STREET ADDRESS STREET ADDRESS Naples, FL 34104 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z#P TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7iP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mahan

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4126106

239<u>.435.1370</u>

Daytime Phone #