2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000015122

1. Entity Name
PANIZZA, LLC

Principal Place of Business	Mailing Address
1229 LINCOLN ROAD MIAMI BEACH, FL 33139	1229 LINCOLN ROAD MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

01052006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-1142684	Not Applicable

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

6. Name and Address of Current Registered Agent

PANIZZA, LAURA K
1229 LINCOLN ROAD
MIAMI BEACH, FL 33139

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

U00000403989
02/06/06-80028-025 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	PV
NAME	PANIZZA, LAURA K
STREET ADDRESS	1229 LINCOLN ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	ST
NAME	PANIZZA, LAURA K
STREET ADDRESS	1020 STILLWATER DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: _X_ _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #