


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000016652**  
 1. Entity Name  
**PRANZO OF MIZNER, LLC**



Principal Place of Business      Mailing Address  
**402 PLAZA REAL**                      **1371 PALMETTO PARK ROAD**  
**BOCA RATON, FL 33432**              **BOCA RATON, FL 33486**

**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>65-1121958</b>	Applied For Not Applicable
3. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SIEGEL, NAT**  
**1371 PALMETTO PARK ROAD**  
**BOCA RATON, FL 33486**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>COSANTINO, JAMES A</b> <b>4225 GENESEE</b> <b>CHEELTOLOAGA, NY 14225</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/10/06-80038-002 50.00

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:**  **4/26/06** **501-362-5514**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #