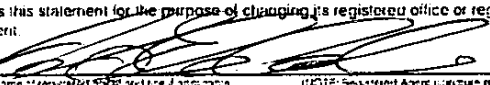
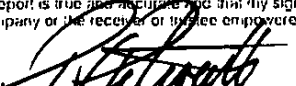


FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90037 014 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000019623			
1. Entity Name PETROCELLI ENTERPRISES, L.L.C.			
Principal Place of Business 325 SEVEN ISLES DR. FORT LAUDERDALE, FL 33301		Mailing Address 325 SEVEN ISLES DR. FORT LAUDERDALE, FL 33301	
2. Principal Place of Business 61 South Peak Suite, Apt. #, etc.		3. Mailing Address 61 South Peak Suite, Apt. #, etc.	
City & State Laguna Niguel, CA		City & State Laguna Niguel, CA	
Zip 92677		Zip 92677	
Country USA		Country USA	
4. FEI Number 65-1159062		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PETROCELLI, PHILIP V 325 SEVEN ISLES DR. FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name D. Glen Alexander Street Address (P.O. Box Number is Not Acceptable) Strategic Realty 901 Northpointe Pkwy, Suite 200 City West Palm Beach, FL Zip Code 33407	
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  DATE 4/14/06			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM PETROCELLI, PHILIP V 325 SEVEN ISLES DR. FORT LAUDERDALE, FL 33301 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 61 South Peak Laguna Niguel, CA 92677 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM PETROCELLI, EMILIE O 325 SEVEN ISLES DR. FORT LAUDERDALE, FL 33301 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 61 South Peak Laguna Niguel, CA 92677 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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  DATE 3/30/06			