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.

20030644

Principal Place of Business
325 SEVEN ISLES DR.
FORT LAUDERDALE, FL 33301

Mailing Address
325 SEVEN ISLES DR.
FORT LAUDERDALE, FL 33301

02072006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
61 South Peak	61 South Peak
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Laguna Niguel, CA	City & State: Laguna Niguel, CA
Zip: 92677 Country: USA	Zip: 92677 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 [signature] 4/14/06
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: PETROCELLI, PHILIP V STREET ADDRESS: 325 SEVEN ISLES DR. CITY-ST-ZIP: FORT LAUDERDALE, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS: 61 South Peak CITY-ST-ZIP: Laguna Niguel, CA 92677	☒ Change ☐ Addition
TITLE: MGRM NAME: PETROCELLI, EMILIE O STREET ADDRESS: 325 SEVEN ISLES DR. CITY-ST-ZIP: FORT LAUDERDALE, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS: 61 South Peak CITY-ST-ZIP: 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: [signature] 3/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #