


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 22, 2006 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # L010071550</b><br>1. Entity Name<br><b>DIGIOVANNA ENTERPRISES, LLC</b> |  |
|--|--|



|  |  |
|--|--|
| Principal Place of Business<br><b>1340 GULF BOULEVARD<br/>SUITE 9G<br/>CLEARWATER FL 33767</b> | Mailing Address<br><b>1340 GULF BOULEVARD<br/>SUITE 9G<br/>CLEARWATER FL 33767</b> |
|--|--|

1st MOORE CR2E083 (10/05)

|                                |                     |             |
|--------------------------------|---------------------|-------------|
| 2. Principal Place of Business | 3. Mailing Address  |             |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |             |
| City & State                   | City & State        |             |
| Zip                            | Country             | Zip Country |

|   |                            |
|---|----------------------------|
| 4. FEI Number<br><b>59-3760591</b>  | Applied For<br>Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                            |

**6. Name and Address of Current Registered Agent**

**DIGIOVANNA, ANTHONY L  
1340 GULF BOULEVARD  
SUITE 9G  
CLEARWATER FL 33767**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS  |  |
|---|--|
| TITLE _____ <input type="checkbox"/> Delete<br>NAME <b>MGRM</b><br>STREET ADDRESS <b>DIGIOVANNA, ANTHONY L</b><br>CITY-ST-ZIP <b>80 EAST GLEN RD.<br/>DENVER NJ 07834</b> |  |
| TITLE _____ <input type="checkbox"/> Delete<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  |  |
| TITLE _____ <input type="checkbox"/> Delete<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  |  |
| TITLE _____ <input type="checkbox"/> Delete<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  |  |
| TITLE _____ <input type="checkbox"/> Delete<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  |  |

| 10. ADDITIONS/CHANGES   |  |
|---|--|
| TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____ |  |
| TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____ | <b>U00000565813</b><br><b>05/22/06-80013-019 50.00</b> |
| TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____ |  |
| TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____ |  |
| TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____ |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **5/1/06** **973 973 144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE