2008 LIMITED LIABILITY COMPANY

Mar 25, 2008 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # L02000003115 03-25-2008 90083 039 ***138.75 1. Entity Name BIANCO, LLC Principal Place of Business Mailing Address 60017012 231 LAGOON AVE. C/O KENNETH P BIANCO NAPLES, FL 34108 2969 CHARLOTTE DR MERRICK, NY 11566 01072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0610513 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent FELDEN, CHRISTIAN B ESQ. DO NOT WRITE 3838 TAMIAMI TRAIL N., STE. 416 NAPLES, FL 34103 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME BIANCO, KENNETH STREET ADDRESS 2969 CHARLOTTE DR MERRICK, NY 11566 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 postee empowered to execute this report as required by Chapter 608, Florida Statutes.

NG MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

STREET ADDRESS CITY-ST-ZIP

SIGNATURE