


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

04-21-2003 90113 020 ****50.00

DOCUMENT # L02000003885

1. Entity Name
LANNI & CO LLC



Principal Place of Business
P.O. BOX 589
BRANDON FL 33509-0589

Mailing Address
P.O. BOX 589
BRANDON FL 33509-0589

55039016

2. Principal Place of Business
P.O. Box 678141
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 678141
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL

City & State
Orlando FL

4. FEI Number
02-0548832

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Zip Country Zip Country
32867 Orange 32867 orange

8. Name and Address of Current Registered Agent
**LANNI, FRANCESCO
1702 QUAILS NEST DR. #101
BRANDON FL 33510**

7. Name and Address of New Registered Agent
Name **LANNI Francesco**
Street Address (P.O. Box Number is Not Acceptable)
13325 ROSEMEADE COVE
City **ORlando** FL Zip Code **32828**

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, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Francesco Lanni 13325 Rosemeade Cove Orlando FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **x Francesco Lanni** **4/16/03** **407 249 0004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)