

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004007

Entity Name: GLI AZZURRI, LLC

FILED  
Mar 29, 2006  
Secretary of State

## Current Principal Place of Business:

1172 GOODLETTE ROAD NORTH, STE. 201  
NAPLES, FL 34102

## New Principal Place of Business:

1350 9TH STREET NORTH  
201  
NAPLES, FL 34102

## Current Mailing Address:

1172 GOODLETTE ROAD NORTH, STE. 201  
NAPLES, FL 34102

## New Mailing Address:

1350 9TH STREET NORTH  
201  
NAPLES, FL 34102

FEI Number: 33-0999214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.  
CHEFFY, PASSIDOMO, WILSON & JOHNSON LLP  
821 FIFTH AVE. SOUTH, STE. 201  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: D'AGOSTINO, ANTHONY M.D.  
Address: 1172 GOODLETTE RD. N., SUITE 201  
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete  
Name: HAVIG, MICHAEL T M.D.  
Address: 512 21ST AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete  
Name: MARZANO, MARK J M.D.  
Address: 671 GOODLETTE RD N., SUITE110  
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete  
Name: REGALA, PHILLIP T M.D.  
Address: 1847 6TH STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete  
Name: ZAMPOGNA, ANTONIO M.D.  
Address: 1172 GOODLETTE RD. N., SUITE 201  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: D'AGOSTINO, ANTHONY M.D.  
Address: 1350 9TH STREET NORTH, SUITE 201  
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Change ( ) Addition  
Name: HAVIG, MICHAEL T M.D.  
Address: 1350 9TH STREET NORTH  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: REGALA, PHILLIP T M.D.  
Address: 1350 9TH STREET NORTH  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY D'AGOSTINO

MGRM

03/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date