

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004007

Entity Name: GLI AZZURRI, LLC

FILED
Jan 24, 2007
Secretary of State

Current Principal Place of Business:

1350 9TH STREET NORTH
201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1350 9TH STREET NORTH
201
NAPLES, FL 34102

New Mailing Address:

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: 1350 9TH STREET NORTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

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

Title: MGRM (X) Change () Addition
Name: HAVIG, MICHAEL T M.D.
Address: 1350 9TH STREET NORTH, SUITE 202
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Change () Addition
Name: MARZANO, MARK J M.D.
Address: 1350 9TH STREET NORTH, SUITE 101
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Change () Addition
Name: REGALA, PHILLIP T M.D.
Address: 1350 9TH STREET NORTH, SUITE 203
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Change () Addition
Name: ZAMPOGNA, ANTONIO M.D.
Address: 1350 9TH STREET NORTH, SUITE 205
City-St-Zip: NAPLES, FL 34102

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

01/24/2007

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