

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000004007

FILED
May 10, 2007
Secretary of State**Entity Name:** GLI AZZURRI, LLC**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, SUITE 202
City-St-Zip: NAPLES, FL 34102

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

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

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

Title: MGRM () Change (X) Addition
Name: ZAMPELL, PAUL F
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 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 M. D'AGOSTINO

MGRM

05/10/2007

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