

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004007

Entity Name: GLI AZZURRI, LLC

FILED
Feb 03, 2011
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
Name: D'AGOSTINO, ANTHONY M M.D.
Address: 1350 9TH STREET NORTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

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

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

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

Title: MGRM
Name: ZAMPELL, PAUL F
Address: 1350 9TH STREET NORTH, SUITE 205
City-St-Zip: NAPLES, FL 34102

I hereby 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

02/03/2011

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