FILED
Jul 11, 2005 8:00 am
Secretary of State
07-11-2005 90042 020 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007994

1. Entity Name
MESSILINO PROPERTIES, LLC

Principal Place of Business	Mailing Address
18840 BIG CYPRESS DRIVE JUPITER, FL 33458	PO BOX 1431 JUPITER, FL 33468

20062081

07072005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
11911 US Highway 1	Po Box 1431
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.:
City & State: North Palm Beach	City & State: Jupiter
Zip: 33408 Country: USA	Zip: FL Country: 33458

4. FEI Number: 04-3633434 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIORDILINO, VINCENT
18840 BIG CYPRESS DRIVE
JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 [signature] 6/7/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FIORDILINO, VINCENT J		NAME	
STREET ADDRESS	18840 BIG CYPRESS DRIVE		STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MESSINA, NEIL		NAME	
STREET ADDRESS	18840 BIG CYPRESS DR		STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] 6/7/05 561-630-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #