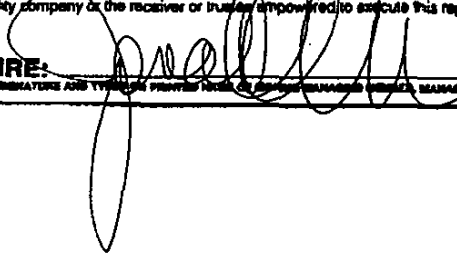


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90051 010 ****50.00

DOCUMENT # L02000009933					
1. Entity Name VESUVIUS PROPERTIES, LLC					
Principal Place of Business 936 GREENSWARD LANE DELRAY BEACH, FL 33445			Mailing Address 936 GREENSWARD LANE DELRAY BEACH, FL 33445		
2. Principal Place of Business			3. Mailing Address		
Suito, Apt. #, etc.			Suito, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0597603	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DITTMAN, ROBERT A ESQ. 151 NW FIRST AVE. DELRAY BEACH, FL 33444-2811			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 _____ DATE _____ Signature, typed or printed name of registered agent and FEI if applicable. (NOTE: Registered Agent signature required when registering)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARIANO, JOHNATHAN 936 GREENSWARD LANE DELRAY BEACH, FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 606, Florida Statutes.					
SIGNATURE: 			Date 04-26-05		
SIGNATURE AND TITLE OF PRINTED NAME OF REGISTERED AGENT, MANAGER, OR AUTHORIZED REPRESENTATIVE					