FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90055 033 ****50.00

2006 LIMITED LIABILITY COMPANY

		ANNU	AL REPORT							
DOCUMENT # L02000010311 1. Entity Name ACCARDI INVESTMENTS, LLC							20040292			
Principal Plac	e of Busines	s	Mailing Address	• • •	•					
1523 N. FRANKLIN STREET				1523 N. FRANKLIN STREET						
TAMPA, FL 33602				TAMPA, FL 33602						
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2 Deinainal D	Name of Desire		l o Maritian Antonna	2 Mailing Address						
2. Principal Place of Business			3. Mailing Address	3. Mailing Address			 	III ee iei kei eeieo iilei keek		
Suite, Apt. #, etc.			Suite, Apt. #. etc.	Suite, Apt. #, etc.						
**			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Chg-LLC	CR2E083 (11/05)	
City & State			City & State	City & State			er	A	oplied For	
							03-0429395 Not Applicable			
Zíp.	Country		Zip	Zip Count		5. Certificate of Status Desired				
6. Name and Address of Current F			Tool Registered Agent	Pagistered Agent			7. Name and Address of New Registered Agent			
<u> </u>	O. Haine	and Address of Car	totic registered Agent	Name	7. Name an	a Address of New 1	ragistered Agent	*		
ACCARDI	, JASON	*								
1523 N. FI		STREET				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FL 33602										
		, <i>f</i>								
		ķ,,			City			FL Zip Co	de	
			ent for the purpose of changing	g its register	ed office or reg	gistered agent, or be	oth, in the State of FI	orida. I am familiar with	n, and accept	
the obligat	tions of regis	tered agent.*								
SIGNATURE		•								
	Signature, typed	or printed name of registered	agent and title if applicable.	(NOTE: Registers	d Agent signature re	equired when reinstating)	I	DATE		
Filing Fee is \$50.00 Due by May 1, 2006								ke check payable to a Department of Sta	ite	
9.		MANIAGING ME	 MBERS/MANAGERS	1 40			ADDITIONS	/CHANGES		
TITLE	MGR	MANAGING ME		10. TITL	-		ADDITIONS	Change Change	Addition	
NAME	ACCARD	1. JASON	Delete	Delete TITLE				C) Citalige	Assiron	
STREET ADDRESS	1	RANKLIN STREET		STRE						
CITY-ST-ZIP	TAMPA, F	FL 33602		CITY-ST-ZIP						
TITLE	MGR		☐ Delete	TITL	E			☐ Change	Addition	
NAME	ACCARD	•		NAM						
STREET ADDRESS		RANKLIN STREET		STRE						
CITY-ST-ZIP	TAMPA, F	-L 33602			- ST - ZIP					
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CITY-ST-ZIP					- ST - ZIP					
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NAME	N/				E				_	
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CITY-ST-ZIP				City	- ST - ZIP					
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NAME				NAM						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP					
				TITL				☐ Change	☐ Addition	
TITLE NAME	☐ Delete 177							Change	☐ ¥000000	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP]			CITY	- ST - ZIP					
11.) hereby (certify that th	e information supplied	with this filing does not qualif	y for the exe	mptions contai	ined in Chapter 119	, Florida Statutes. I f	urther certify that the in	formation	
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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.										
//										
SIGNATURE: 4/20/06 228-7422										
SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytone Phone #										