

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010347

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: FEZZA FAMILY PROPERTIES, L.L.C.

**Current Principal Place of Business:**

458 WALLS WAY  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

458 WALLS WAY  
OSPREY, FL 34229

**New Mailing Address:**

FEI Number: 04-3652913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOERR, KENNETH D  
458 WALLS WAY  
OSPREY, FL 34229 US

**Name and Address of New Registered Agent:**

FEZZA, JOHN P MD  
458 WALLS WAY  
OSPREY, FL 34229 US

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: JOHN P. FEZZA, MD

03/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FEZZA, JOHN P  
Address: 458 WALLS WAY  
City-St-Zip: OSPREY, FL 34229

Title: MGR ( ) Delete  
Name: FEZZA, MICHAEL L  
Address: 458 WALLS WAY  
City-St-Zip: OSPREY, FL 34229

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: FEZZA, HEIDI H  
Address: 458 WALLS WAY  
City-St-Zip: OSPREY, FL 34229

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: JOHN P. FEZZA, MD

MNG

03/12/2009

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