2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L02000016948

Entity Name: GIANSANTI BUILDERS, L.L.C.

Current Principal Place of Business:

406 ANTIGUA ST.
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

406 ANTIGUA ST.
NAPLES, FL 34113

New Mailing Address:

FEI Number: 22-3856855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, DONALD K JR.
2640 GOLDEN GATE PARKWAY
SUITE 206
NAPLES, FL 34105 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: M ( ) Delete
Name: GIANSANTI, NEIL
Address: 8991 STAR TULIP CT
City-St-Zip: NAPLES, FL 34113

Title: S ( ) Delete
Name: NOWELL, CONTE
Address: 18541 ROYAL HAMMOCK BLVD
City-St-Zip: NAPLES, FL 34114

Title: MGR ( ) Delete
Name: GIANSANTI, WILLARD
Address: 406 ANTIGUA ST
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GIANSANTI, NEIL
Address: 8991 STAR TULIP CT
City-St-Zip: NAPLES, FL 34113

Title: MGR (X) Change ( ) Addition
Name: NOWELL, CONTE
Address: 18541 ROYAL HAMMOCK BLVD
City-St-Zip: NAPLES, FL 34114

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

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: WILLARD GIANSANTI MGR 04/09/2009

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