


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**


04-11-2005 90049 009 \*\*\*\*\*55.00

<b>DOCUMENT # L02000019556</b> 1. Entity Name TRANCHINA REALTY, LLC	
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Principal Place of Business 3200 TAMiami TRAIL NORTH SUITE 200 NAPLES, FL 34102	Mailing Address 3200 TAMiami TRAIL NORTH SUITE 200 NAPLES, FL 34102
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**DO NOT WRITE IN THIS SPACE**

200000 -



01042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0422719	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  LADEMAN, CARRIE E 3200 TAMiami TRAIL NORTH SUITE 200 NAPLES, FL 34102	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRANCHINA, DONALD D P.O. BOX 61236 STATEN ISLAND, NY 10306
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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:** Donald D Tranchina 3/17/05 (718) 830-7026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #