2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**SIGNATURE** 

## Mar 06, 2006 08:00 AM Secretary of State DOCÚMENT # L02000020466 1. Entity Name DIGIOVANNI BAYWAY LLC Principal Place of Business Mailing Address 656 BAYWAY BLVD. CLEARWATER BEACH FL 33767 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FCI Number Applied For 04-3708904 Not Applicat Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRATESI, EMIL G Street Address (P.O. Box Number is Not Acceptable) **1253 PARK ST** CLEARWATER FL 33756 City 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, typed or printed name of registered agent and title it applicable. (NO7E: Registered Agent sangure required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGRM Delete TITLE ☐ Change ☐ Addition NAME DIGIOVANNI, GIUSEPPE STREET ADDRESS 1400 34TH STREET NORTH STREET ADDRESS CITY-ST INP CDY-ST-71P SAINT PETERSBURG FL 33713 TITLE Defete THE ☐ Change ☐ Addition NAME """""" 177RE63 STREET ADDRESS CITY-ST-ITP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addin NAME STREET ADDRESS STREET AODRESS C37Y - ST-7IP CITY-ST-ZIP TITLE Delete TITLE □ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP TITLE ☐ Oelete TITLE ☐ Change Addition. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TUTLE Delete TITLE ☐ Change ■ Accin; NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

3/1/08