

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000028349

1. Entity Name
OLD BURNT STORE - 50, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 10 AM 10:28

Principal Place of Business
**1909 PICCADILLY CIR
CAPE CORAL, FL 33991 US**

Mailing Address
**1909 PICCADILLY CIR
CAPE CORAL, FL 33991 US**

2. Principal Place of Business
715 NE 19th Place
Suite, Apt. #, etc.
Suite 31
City & State
Cape Coral
Zip
33903 Country
USA

3. Mailing Address
715 NE 19th Place
Suite, Apt. #, etc.
Suite 31
City & State
Cape Coral
Zip
33903 Country
USA



10052005 Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0136656

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ALOIA, FRANK JR
2250 1ST STREET
FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent
Name
Ana DeMoya
Street Address (P.O. Box Number is Not Acceptable)
715 NE 19th Place Ste 31
City
Cape Coral FL Zip Code
33903

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 **Ana DeMoya** DATE **10/5/05**

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCALZO, RONALD V JR 1909 PICCADILLY CIR CAPE CORAL, FL 33991 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Scalzo Development Group, Inc 715 NE 19th Place Ste 31 Cape Coral, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLE, FRANK W 11424 WATERFORD VILLAGE DR FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRITZ, CHARLES W 8721 CAJUPIT LANE FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400060453854 10/10/05--01063--016 **\$5.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **[Signature]** DATE **10/5/05** DAYTIME PHONE # **239-573-5211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE