


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000029420  
 1. Entity Name  
 C.I.E.M. HOSPITALITY, LLC



Principal Place of Business      Mailing Address  
 21338 US 19 N.                      21338 US 19 N.  
 CLEARWATER, FL 33765 US      CLEARWATER, FL 33765 US

**DO NOT WRITE IN THIS SPACE**



07042005No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 30-0127195      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MENNA, A  
 2958 KENILWICK DR N.  
 CLEARWATER, FL 33761

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

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	CASTELLI, DAVID A
STREET ADDRESS	2489 FRISCO DR.
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	P
NAME	CASTELLI, ELISA
STREET ADDRESS	2489 FRISCO DR.
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	P
NAME	MENNA, AGOSTINO
STREET ADDRESS	2957 KENILWICK DR N.
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	P
NAME	MENNA, MARIAN
STREET ADDRESS	2958 KENILWICK DR N
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	P
NAME	EGERTER, CHARLES & AMY
STREET ADDRESS	3425 LAKE SHORE DR N.
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	P
NAME	LEGNINI, GUISEPPE
STREET ADDRESS	21338 US 19 N.
CITY-ST-ZIP	CLEARWATER, FL 33765

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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: Marian Menna      7/21/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #