

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90023 027 \*\*\*\*50.00

**DOCUMENT # L02000029502**

1. Entity Name  
VIDOLIN FAMILY PROPERTIES, L.L.C.



Principal Place of Business  
5920 FAR OAK CIRCLE  
SARASOTA, FL 34238

Mailing Address  
5920 FAR OAK CIRCLE  
SARASOTA, FL 34238

**20038024**

2. Principal Place of Business  
404 Bayshore Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
404 Bayshore Dr.  
Suite, Apt. #, etc.

03302005 Chg-LLC CR2E083 (10/03)

City & State  
Osprey, FL

City & State  
Osprey, FL

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip  
34229

Country

Zip  
34229

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MAZZARANTANI, GEORGE H  
GEORGE H MAZZARANTANI, ESQ.  
777 S PALM AVE STE 2  
SARASOTA, FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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**

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

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE MGR ☐ Delete  
NAME VIDOLIN, JOHN PAUL  
STREET ADDRESS 5290 FAR OAK CIRCLE  
CITY-ST-ZIP SARASOTA, FL 34238

TITLE MGR ☒ Change ☐ Addition  
NAME Vidolin, John Paul  
STREET ADDRESS 404 Bayshore Dr.  
CITY-ST-ZIP Osprey, FL 34229

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*John Paul Vidolin*

4-11-05

841-441-7711

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

Date

Daytime Phone #