

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001200

Entity Name: ITAL SARASOTA, L.L.C.

FILED
Sep 04, 2006
Secretary of State

Current Principal Place of Business:

322 S. WASHINGTON BOULEVARD
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

322 S. WASHINGTON BOULEVARD
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 56-2310802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CROWLEY, PETER ESQ.
C/O DOOLEY & DRAKE, P.A.
1432 FIRST STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

CONIGLIO, ELISABETH
322 SOUTH WASHINGTON BOULEVARD
SARASOTA, FL 34236 US

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.

SIGNATURE: ELISABETH CONIGLIO

09/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CONIGLIO, ELISABETH
Address: 322 S. WASHINGTON BOULEVARD
City-St-Zip: SARASOTA, FL 34236

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: TASSOTTI, DANTE
Address: 322 SOUTH WASHINGTON BOULEVARD
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELISABETH CONIGLIO

MGR

09/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date