

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000001438**

1. Entity Name  
**LA FIRENZA, LLC**



Principal Place of Business  
**9853 NORTH TAMiami TRAIL  
SUITE 218  
NAPLES, FL 34108**

Mailing Address  
**9853 NORTH TAMiami TRAIL  
SUITE 218  
NAPLES, FL 34108**



07082005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0453626</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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

**HAMMAR, JAMES G  
9853 NORTH TAMiami TRAIL  
SUITE 218  
NAPLES, FL 34108**

**DO NOT WRITE  
IN THIS SPACE**

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 September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRP HAMMAR, JAMES G 9853 TAMiami TRAIL N., SUITE 218 NAPLES, FL 34108</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CIOFFI, CHRISTOPHER M 2315 HARRIER RUN NAPLES, FL 34105</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**MANAGER**

Date

Daytime Phone #

**7/8/05 239-598-1211**