

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90084 033 ****50.00

DOCUMENT # L03000001438 1. Entity Name LA FIRENZA, LLC					
Principal Place of Business 9853 NORTH TAMIAHI TRAIL SUITE 218 NAPLES, FL 34108			Mailing Address 9853 NORTH TAMIAHI TRAIL SUITE 218 NAPLES, FL 34108		
2. Principal Place of Business 5100 TAMIAHI TR. N.			3. Mailing Address 5100 TAMIAHI TR. N.		
Suite, Apt. #, etc. STE 131			Suite, Apt. #, etc. STE 131		
City & State NAPLES FL			City & State NAPLES FL		
Zip 34103		Country USA		Zip 34103	
Country USA		4. FEI Number 51-0453626			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent HAMMAR, JAMES G 9853 NORTH TAMIAHI TRAIL SUITE 218 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5100 TAMIAHI TR. N. SUITE 131 City NAPLES FL Zip Code 34103		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP HAMMAR, JAMES G 9853 TAMIAHI TRAIL N., SUITE 218 NAPLES, FL 34108 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5100 TAMIAHI TR. N., SUITE 131 NAPLES FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIOFFI, CHRISTOPHER M 2315 HARRIER RUN NAPLES, FL 34105 <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	
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 exemptions contained in Chapter 119, 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:			1/31/06 239-598-1211		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		