2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# L03000002988

Entity Name: FOLINO, LLC

Current Principal Place of Business:

2310 S. FISKE BOULEVARD
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

1411 W. KING STREET
COCOA, FL 32922 US

Current Mailing Address:

42 VALENCIA ROAD
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 13-4233660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOLINO, DORRENE D
42 VALENCIA ROAD
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: FOLINO, TAMMY D
Address: 1109 AYSHIRE STREET
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM ( ) Delete
Name: FOLINO, FRANCIS A
Address: 42 VALENCIA ROAD
City-St-Zip: ROCKLEDGE, FL 32955 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KERKER, TAMMY D
Address: 1109 AYSHIRE STREET
City-St-Zip: ORLANDO, FL 32803 US

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

Title: MGRM ( ) Change (X) Addition
Name: DORRENE, FOLINO D
Address: 42 VALENCIA ROAD
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DORRENE D. FOLINO MGMR 07/01/2004

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