


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90046 046 ****50.00

DOCUMENT # L03000006596		
1. Entity Name ITALIAN MASTER CRAFTSMEN L.L.C.		

Principal Place of Business 1983 PARK ROAD PEMBROKE PARK, FL 33009 US	Mailing Address 1983 PARK ROAD PEMBROKE PARK, FL 33009 US
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20040305



2. Principal Place of Business 21392 Town Lakes Drive		3. Mailing Address	
Suite, Apt. #, etc. 1013		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State	
Zip 33486	Country USA	Zip	Country

04072005 Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent FRACASSI, PIER FRANCESCO 23331 LA VIDA WAY BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Fracassi, Pier Francesco Street Address (P.O. Box Number is Not Acceptable) 21392 Town Lakes Drive, #1013 City Boca Raton FL Zip Code 33486

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 *Pier Francesco Fracassi* DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRACASSI, PIER FRANCESCO 23331 LA VIDA WAY BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fracassi, Pier Francesco 21392 Town Lakes Drive, #1013 Boca Raton, FL 33486 <input checked="" 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
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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: *Pier Francesco Fracassi* *Pier Francesco Fracassi, MGRM* 561-706-2270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #