


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90049 015 *****55.00

DOCUMENT # L03000013602					
1. Entity Name LAZIO INVESTMENTS, L.C.					
Principal Place of Business 6800 GLENEAGLE DRIVE MIAMI LAKES, FL 33014			Mailing Address 6800 GLENEAGLE DRIVE MIAMI LAKES, FL 33014		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 86-1058758	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENDER, HARRY K 5915 PONCE DE LEON BLVD., SUITE 60 BENDER, BENDER & CHANDLER, P.A. CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
BENDER, HARRY K 5915 PONCE DE LEON BLVD., SUITE 60 BENDER, BENDER & CHANDLER, P.A. CORAL GABLES, FL 33146			FL Zip Code		
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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASAGRANDE, JACK R 2075 NORTH POWERLINE ROAD POMPAHO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASAGRANDE, JACK R 6800 GLENEAGLE DRIVE MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASAGRANDE, ANNA 6800 GLENEAGLE DRIVE MIAMI LAKES, FL 33014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASAGRANDE, ANNA 6800 GLENEAGLE DRIVE MIAMI LAKES, FL 33014	
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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: <i>Jack R. Casagrande</i>			2/2/05 772-5408		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		