

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**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**



01082008No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**86-1058758**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$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**

**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 May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**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**  
**MGR**  
**CASAGRANDE, ANNA**  
**6800 GLENEAGLE DRIVE**  
**MIAMI LAKES, FL 33014**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

01/13/06-80029-024 50.00

**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:** *Jack Casagrande MGR* **1/12/06** **305 772-5408**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone If