
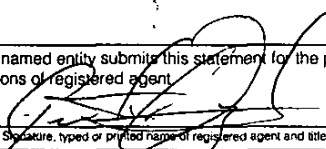
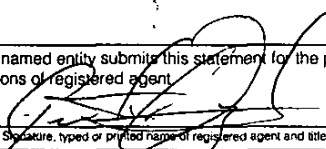
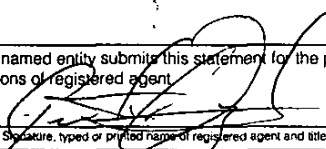
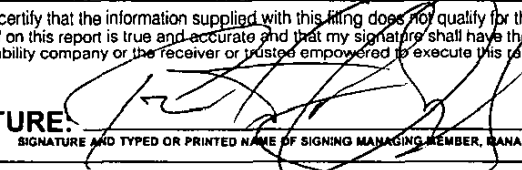


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90020 009 ****55.00

DOCUMENT # L03000024401											
1. Entity Name P.M. VEGLIO, L.L.C.											
Principal Place of Business 3907 LAKESIDE RESERVE LANE ORLANDO, FL 32810			Mailing Address 3907 LAKESIDE RESERVE LANE ORLANDO, FL 32810								
2. Principal Place of Business 800 SPRING VALLEY ROAD		3. Mailing Address 800 SPRING VALLEY ROAD									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State ALTAMONTE SPRINGS, FL		City & State ALTAMONTE SPRINGS FL		4. FEI Number 20-0189707							
Zip 32714		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent VEGLIO, GIULIO 3907 LAKESIDE RESERVE LANE ORLANDO, FL 32810			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name VEGLIO, GIULIO</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 800 SPRING VALLEY ROAD</td> </tr> <tr> <td style="padding: 2px;">City ALTAMONTE SPRINGS</td> <td style="padding: 2px;">Zip Code FL 32714</td> </tr> </table>			Name VEGLIO, GIULIO		Street Address (P.O. Box Number is Not Acceptable) 800 SPRING VALLEY ROAD		City ALTAMONTE SPRINGS	Zip Code FL 32714
Name VEGLIO, GIULIO											
Street Address (P.O. Box Number is Not Acceptable) 800 SPRING VALLEY ROAD											
City ALTAMONTE SPRINGS	Zip Code FL 32714										
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. <table style="width:100%;"> <tr> <td style="width:60%;">SIGNATURE </td> <td style="width:40%; text-align: right;">DATE <u>5.1.06</u></td> </tr> </table>						SIGNATURE 	DATE <u>5.1.06</u>				
SIGNATURE 	DATE <u>5.1.06</u>										
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State								
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VEGLIO, GIULIO P MEMBER 3907 LAKESIDE RESERVE LANE ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VEGLIO, GIULIO P MEMBER 800 SPRING VALLEY ROAD ALTAMONTE SPRINGS, FL 32714	<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						
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						
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: 			Date <u>5.1.06</u>								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>											