

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030752

**FILED**  
**Jan 29, 2006**  
**Secretary of State**

**Entity Name:** GIACALONE PROPERTIES, LLC

**Current Principal Place of Business:**

709 S. ATLANTIC AVENUE  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

709 S. ATLANTIC AVENUE  
COCOA BEACH, FL 329312515

**Current Mailing Address:**

541 HUNTINGTON PINES DRIVE  
OCOE, FL 34761

**New Mailing Address:**

709 S. ATLANTIC AVENUE  
COCOA BEACH, FL 329312515

**FEI Number:** 26-0104121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIACALONE, PETER C  
709 S. ATLANTIC AVENUE  
COCOA BEACH, FL 32931 US

**Name and Address of New Registered Agent:**

GIACALONE, PETER C  
709 S. ATLANTIC AVENUE  
COCOA BEACH, FL 329312515 US

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: PETER C. GIACALONE

01/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GIACALONE, PETER C  
Address: 709 S. ATLANTIC AVENUE  
City-St-Zip: COCOA BEACH, FL 32931

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GIACALONE, PETER C  
Address: 709 S. ATLANTIC AVENUE  
City-St-Zip: COCOA BEACH, FL 329312515

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PETER C. GIACALONE

MGRM

01/29/2006

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