

01/27/2004 TUE 2:19 FAX

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Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90210 008 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000031936			
1. Entity Name IL LUGANO, LLC			
Principal Place of Business 325 JACARANDA DRIVE PLANTATION, FL 33324		Mailing Address 325 JACARANDA DRIVE PLANTATION, FL 33324	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. EEI Number 06-1707192		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, LAWRENCE N 21170 N.E. 22ND COURT NORTH MIAMI BEACH, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ANTIGUA LLC SOLE MANAGER 325 JACARANDA DR PLANTATION, FL 33324 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ROBERT M. COUF 325 JACARANDA DR PLANTATION, FL 33324 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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: _____ SIGNATURE AND TITLE OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____			

BY: ANTIGUA LLC SOLE MANAGER

BY: ROBERT M. COUF SOLE MEMBER