2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: LOTAL DAME OF SIGNING MANAGING STEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 03, 2006 08:00 AN Secretary of State

DOCUMENT # L03000033255 1. Entity Name FANUCCI'S PROPERTIES LLC			Secretary of State	
Principal Place 6203 W. SUI SUNRISE, FL	VRISE BLVD.	Mailing Address 6203 W. SUNRISE BLVD. SUNRISE, FL 33313		
DO NOT WRITE IN THIS SPA			CE	01232006No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For Not Applied For Not Applied For Status Desired \$5.00 Additional Fee Required
	FRANK 18TH CT. ION, FL 33323	-		DO NOT WRITE IN THIS SPACE
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 punied name of registered agent and the it applicable (NOTE, Registered Agent signature required when reinstang). DATE Filling Fee is \$50.00 Due by May 1, 2006				
	NAMES OF THE PERSON OF THE PER	TOC / LANIA CEDC		
9. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM FANUCCI, FRANK 11601 NW 18TH CT. PLANTATION, FL 33323 MGRM FANUCCI, KATHY 11601 NW 18TH CT.	ins/managers		U00000418159 02/13/06-80083-017 150,00
UTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PLANTATION, FL 33323			DO NOT WRITE
NAME STREET AODRESS CITY-ST-ZIP HITLE NAME				IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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.				

JAN 3 1 2005

ODIDA