


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000033370		
1. Entity Name MUGNANO PROPERTIES - 5480, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -5 PM 2:38

Principal Place of Business 5725 NW 65TH TERR. PARKLAND, FL 33067	Mailing Address 5725 NW 65TH TERR. PARKLAND, FL 33067
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2. Principal Place of Business 5150 NO ST RD #7 Suite, Apt. #, etc. No. LAUDERDALE City & State FLORIDA Zip 33319 Country USA	3. Mailing Address 5044 E Suite, Apt. #, etc. City & State Zip Country
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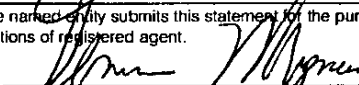
01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0218757 NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MUGNANO, GENNARO BUTZEL LONG, P.C. STE. 420, 1260 NORTH FEDERAL HWY BOCA RATON, FL 33432

7. Name and Address of New Registered Agent Name Gennaro & BARBARA MUGNANO Street Address (P.O. Box Number is Not Acceptable) 5725 NW 65 TERRACE City PARKLAND FL Zip Code 33067

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  DATE 5-31-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUGNANO, GENNARO 5725 NW 65TH TERR. PARKLAND, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300075380643 05/20/06--01019--022 ***200.00
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
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 5-31-06 (954) 733-1300 <small>Daytime Phone #</small>