

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033642

FILED
Jan 07, 2005
Secretary of State

Entity Name: GIUSEPPI 1200, LLC

Current Principal Place of Business:

532 EAST OCEAN AVE
BOYNTON BEACH,, FL 33435 US

New Principal Place of Business:

915 S. FEDERAL HIGHWAY
BOYNTON BEACH,, FL 33435 US

Current Mailing Address:

532 EAST OCEAN AVE
BOYNTON BEACH,, FL 33435 US

New Mailing Address:

915 S. FEDERAL HIGHWAY
BOYNTON BEACH,, FL 33435 US

FEI Number: 65-1203871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIAZZA, VINCENT J SR.
7900 GLADES ROAD
330
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CONTI, KRISTEN D
Address: 532 EAST OCEAN AVE
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: MGRM () Delete
Name: CONTI, DAVID J
Address: 532 EAST OCEAN AVE
City-St-Zip: BOYNTON BEACH, FL 33435 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CONTI, KRISTEN D
Address: 915 S. FEDERAL HWY
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: MGRM (X) Change () Addition
Name: CONTI, DAVID J
Address: 915 S. FEDERAL HWY
City-St-Zip: BOYNTON BEACH, FL 33435 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KRISTEN D. CONTI

MGRM

01/07/2005

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