2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000038212

1. Entity Name MARIANI, LLC



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

221 WEST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33311 PO BOX 950

FORT LAUDERDALE, FL 33302-0950



01312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0296592

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, DON 221 WEST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33311

NAME STREET ADDRESS CITY-ST-ZIP

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	e named entity submits this statement for the purpose of chan- tions of registered agent.	ging its registered office or registered agent, or both, in the	ne State of Florida. I am familiar with, and accept	
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent alguature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		000000737313 /11/07-80046-015 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, DON 221 WEST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33311	U5 <i>/</i>	/11/07-80046-015 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Don Mitchell 4/10/07

(954) 565-8900

Daytime Phone #