

FROM : RJM\$CPA

FAX NO. : 781 224 2843

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90136 024 ****50.00

DOCUMENT # L030000388951. Entity Name
GONDOLA DI PENSACOLA, LLCPrincipal Place of Business
**5746 WINSTON ST.
MILTON, FL 32583**Mailing Address
**5746 WINSTON ST.
MILTON, FL 32583****24063777**

2. Principal Place of Business

5746 WINSTON ST

Suite, Apt. #, etc.

3. Mailing Address

5746 WINSTON ST

Suite, Apt. #, etc.

04302004

Chg-LLC

CR2E083 (10/03)

City & State

MILTON FL

City & State

MILTON FL

4. FEI Number

04-3776782

Applied For

Not Applicable

Zip

32583

Country

Zip

32583

Country

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVE. NORTH
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

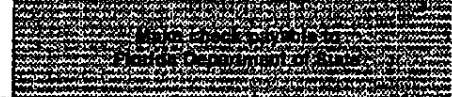
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signatory, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004****9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☒ Addition
MGR	JOSEPH GIBSON	136 DAVIS RD	ACTON MA 01720		
MGR	ROBERT DULA	5746 WINSTON ST	MILTON FL 32583		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.

SIGNATURE: **Robert T Dula**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**4/30/04 (850) 626-2083**

Date

Daytime Phone #