2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 31, 2005 08:00 AM Secretary of State DOCUMENT # L03000044272 1. Entity Name JOHN PIANO, LLC Principal Place of Business Mailing Address 2158 MORLEY STREET PORT CHARLOTTE FL 33952 2158 MORLEY STREET PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State 4. FEI Number City & State Applied For 65-0574114 Not Applicab Country Zip Country 7ip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIANO, JOHN Street Address (P.O. Box Number is Not Acceptable) 2158 MORLEY STREET PORT CHARLOTTE FL 33952 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9, 10. U00000207224 □ Change 02/01/05-80036-013 55.00 MGR Addition HILE ☐ Delete 3116 NAME PIANO, JOHN NAME STREET ADDRESS STREET ADDRESS 2158 MORLEY STREET CITY-ST-ZIP CITY-SE ZIP PORT CHARLOTTE FL 33952 7171 F ☐ Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete HILE Change Andim DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-MF TITLE ☐ Delete IIIt.€ Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CULY-SU-ZIP Delete THEF Tri(E Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delele atte Change Addition | NAME NAME STREET ADDRESS CIRFET ADDRESS Criv-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify 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 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.

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

FILED