2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 25, 2005 08:00 AN Secretary of State

DOCUMENT # L03000045137

1. Entity Name GIOVANNI EXPERIENCES, LLC

Principal Place of Business

2784 WRIGHT ROAD STE, 1000 OVEIDO, FL 32765

Mailing Address

2784 WRIGHT ROAD STE. 1000 OVEIDO, FL 32765



DO NOT WRITE IN THIS SPACE

04142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 90-0124729

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

JACKSON, BLAIR T 1238 E. CONCORD STREET ORLANDO, FL 32803

the obligations of registered agent.

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

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature typed or printed name of registered agent and site if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIVERA, GIOVANNI 2784 WRIGHT ROAD STE. 1000 OVEIDO, FL 32765		000000330078 04/25/05-80147-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE HAME STREET ADDRESS CITY-ST: ZIP		DO	NOT WRITE
NAME STREET ADDRESS CITY - ST - ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filling 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 dat 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 to steep empowered to execute this report as required by Chapter 608, Florida Statutes.			

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