2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

ANNUAL REPORT (AR)					, FILED		
DOCU 1. Entity Nan CALIFAN		588			Feb 12, 2005 08:00 AM Secretary of State		
OALII AIV	io, LLo			100		·	
Principal Place of Business Mailing Add		Mailing Address					
5058 BUNYAN ST. SARASOTA FL 34232		5058 BUNYAN ST. SARASOTA FL 34232		-			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt. #, etc.			1st MOORE C	R2E083 (10/04)	
City & State		City & State		4. FEI N	umber NO-T APPLIC	∧ D1 C	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certifi	cate of Status Desired	□ \$5.00 Add	itional
	6. Name and Address of Curre	nt Registered Agent		7. Name	and Address of New Regi	- <u>-</u>	
041	ITANO MINORNIT		Name				
505	LIFANO, VINCENT 8 BUNYAN ST. RASOTA FL 34232		Street Ac	ddress (P.O. Box N	umber is Not Acceptable)		
			City			FL Zip Cod	e
8. The above the obliga	named entity submits this statement tions of registered agent.	for the purpose of changing it	ts registered affice or	registered agent, o	r both, in the State of Florida	a. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	ON) eldcolcade selicible	TE Registered Agent signatur	e required whom reinstetin	01	DATE	· · · · · ·
·			IOW!!! FEE IS \$5	المستحد والمجار والمستحد والمستحدد والمستحدد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحدد والمستحدد والمستحد والمستحدد والمستحد والمستحد والمستحد والمستحد والمستحد والمستحد والمستحد والمستحد والمس			
		Make Check Payal	ble to Florida Dep	artment of State	>		
			ue By May 1, 2005	2717			
9.		BERS/MANAGERS	10.		ADDITIONS/CH		
TITLE NAME	MGRM CALIFANO, VINCENT G	☐ Delete	- NAME		955500000	☐ Change :DQ	☐ Addition
STREFT ADDRESS	5058 BUNYAN ST.		STREET ADDRESS		02/14/05-2000		
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP		<u></u>		
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-7IP			CITY-ST-ZIP				
HITE		☐ Delete	HITLE		 	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
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STREET ADDRESS			STREET ADDRESS				
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TITLE NAME		☐ Delefe	TUTLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		 	CHY-SI-ZIP				-
 11. I hereby of indicated 	certify that the information supplied w on this report is true and accurate ar	ith this filing does not qualify to not that my signature shall have	or the exemption state the same legal effec	ed in Section 119.0 t as if made under	'(3)(i), Florida Statutes. I fur oath, that I am a managing	ther certify that the in	formation r of the
limited lia	on this report is true and accurate ar bility company on the receiver or trus	tee empowered to execute this	report as required by	y Chapter 608, Flor	ida Statutes.		