

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051173 1. Entity Name ZERBONI PROPERTIES L.L.C.																																																																																																																	
Principal Place of Business 215 ROBIN DRIVE SARASOTA, FL 34237			Mailing Address 2127 RINGLING BLVD #102 SARASOTA, FL 34237																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																														
City & State			City & State																																																																																																														
Zip		Country		01042006 Chg-LLC CR2E083 (11/05)																																																																																																													
4. FEI Number 20-0468767				☐ Applied For ☒ Not Applicable																																																																																																													
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent RIVOLTA, RACHELLE 215 ROBIN DRIVE SARASOTA, FL 34237				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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____																																																																																																																	
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State																																																																																																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>RIVOLTA, RACHELLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>215 ROBIN DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34237</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>RIVOLTA, RENZIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1654 LAUREL STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34237</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	☐ Delete	NAME	RIVOLTA, RACHELLE		STREET ADDRESS	215 ROBIN DRIVE		CITY-ST-ZIP	SARASOTA, FL 34237		TITLE	NAME	☐ Delete	NAME	RIVOLTA, RENZIO		STREET ADDRESS	1654 LAUREL STREET		CITY-ST-ZIP	SARASOTA, FL 34237		TITLE	NAME	☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: RENZO RIVOLTA 4/26/06 941 9540355																																																																																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																	