FILED Jul 31, 2006 08:00 AM Secretary of State

2006 LIMITED LIABILITY COMPANY

` · · · ¬	ANNUAL	REPORT			
DOCUMENT # L0400001273 1. Entity Name JIANNETTO INSTITUTE, LLC				1 %	·
Principal Place of Business Mailing Address 151 REGIONS WAY BUILDING 1 SUITE D &E DESTIN, FL 32541 Mailing Address 151 REGIONS WAY BUILDING SUITE D &E DESTIN, FL 32541		1			
DO NOT WRITE IN THIS SPA			CE	07272006 No Chg-LLC 4. FEI Number 20-0571674	CR2E083 (11/05) App*ed For Not Applicable \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent					
JIANNETTO, DANIEL F 151 REGIONS WAY BUILDING 1 SUITE D & E DESTIN, FL 32541				DO NOT WR IN THIS SPA	
, the obligat	ions of registered agent.	nd sticill applicable. (NDTE: Registere		ed agent, or both, in the State of Florida	i. I am familiar with, and accept
Fil Due t	ling Fee is \$50.00 by September 6, 2006		•		
9.	MANAGING MEMBE	RS/MANAGERS	J		
TITLE NAME STREFT ADDRESS CITY-ST-ZIP TITLE NAME	MGRM JIANNETTO, DANIEL F 151 REGIONS WAY BUILDING 1 DESTIN, FL 32541	SUITE D	U00000572984 08/01/06-80008-013 50.00		
STREET ADDRESS CITY-ST-ZP TITLE NAME			_		
STREET ADDRESS GITY-57-20P TITLE NAME STREET ADDRESS CATY-57-21P		DO NOT WRITE IN THIS SPACE			
TITLE KAMS STREET ACCRESS					

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SKINATURE AND TYPED OR PRINTED NAME OF SIGNOIG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE HAME STREET ADDRESS

7-210-06 850-650-7560

Daysime Phone #