2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000001293

1. Entity Name STEPHEN V. SANTORO, MBA, LLC



FILED Apr 17, 2006 08:00 AM Secretary of State

Principal Place of Business

741 101ST AVENUE NORTH NAPLES, FL 34108 US Mailing Address

741 101ST AVENUE NORTH NAPLES, FL 3410B US



DO NOT WRITE IN THIS SPACE

| 142006 No | Chg-LLC | CR2E083 | (11/05) |
|-----------|---------|---------|---------|

4. FEI Number : 75-31730/16

Not Applicable

Applied Far

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

SANTORO, STEPHEN V 741 101ST AVEUE NORTH NAPLES, FL 34108

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| NAPLES, I | FL 34108 | IN THIS SPACE | CE |
|--|--|---|--------------------------------|
| 6. The above the obligat | named entity submits this statement for the purpose of changing its registered agent. | tered affice or registered agent, or both, in the State of Florida. | I am lamiliar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title if applicable (NOTE Regi | stared Agent signature jaquired when reinstating) | JATE . |
| Fi | iling Fee is \$50.00 ue by May 1, 2006 | | |
| 9. Ditle Name Street address City-St-Zip | MANAGING MEMBERS/MANAGERS MGRM SANTORO, STEPHEN V 741 101 STREET AVENUE NORTH NAPLES, FL 34108 | U0000051 04/29/06-80 | 5319 206-004 50.00 |
| name Street address City - St - ZIP Title | | : : : | |
| NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WR | |
| ntle Vame Street address City - St-Zip | | IN THIS SPA | CE |
| title Name Street address Chty-St-Zip | | | |
| TITLE NAME STREET ADDRESS | | | |

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 frue 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.

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE