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Secretary of State

01-11-2008 90078 045 ****50.00
02-11-2008 90135 022 ****88.75

1/1

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000032952

1. Entity Name
PORCELLI PLAZA I, LLC

Principal Place of Business	Mailing Address
4644 GLISSADE DRIVE NEW PORT RICHEY, FL 34652	4644 GLISSADE DRIVE NEW PORT RICHEY, FL 34652

60007155

01082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1093744
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWD, JEFFREY A P.A.
3016 US HIGHWAY 301 N STE. 900
TAMPA, FL 33619

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PORCELLI, JOSEPH A
STREET ADDRESS	4644 GLISSADE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	MGR
NAME	EGAN, JOHN F
STREET ADDRESS	4644 GLISSADE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: Joseph A. Porcelli 1/8/07 727-843-9223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #