
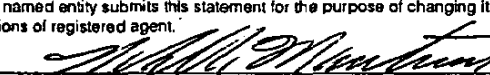



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 17, 2005 8:00 am
Secretary of State

07-21-2005 90010 017 ****50.00

DOCUMENT # L04000037443 1. Entity Name MANTOVANI FAMILY, LLC					
Principal Place of Business 764 HARBOUR ISLES COURT PALM BEACH GARDENS FL 33410			Mailing Address P.O. BOX 33719 PALM BEACH GARDENS FL 33420-3719		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1138410	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FINCH, PHILLIP R 301 EAST PINE STREET SUITE 1400 ORLANDO FL 32801			Name ROBERT A. MANTOVANI Street Address (P.O. Box Number is Not Acceptable) 764 HARBOUR ISLES COURT City NO PALM BEACH FL Zip Code 33410		
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 7-16-05		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	MANAGING MEMBER	
STREET ADDRESS			STREET ADDRESS	ROBERT A. MANTOVANI	
CITY-ST-ZIP			CITY-ST-ZIP	764 HARBOUR ISLES COURT	
				NO PALM BEACH, FLA. 33410	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	MANAGING MEMBER	
STREET ADDRESS			STREET ADDRESS	ARATHA E. MANTOVANI	
CITY-ST-ZIP			CITY-ST-ZIP	764 HARBOUR ISLES COURT	
				NO PALM BEACH, FLA. 33410	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 7-16-05		
			DAYTIME PHONE # 561-630-7701		