

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045996

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: DENUZZIO INVESTMENT GROUP II, LLC

## Current Principal Place of Business:

6100 BOULEVARD OF CHAMPIONS  
NORTH LAUDERDALE, FL 33068

## New Principal Place of Business:

10591 S. W. WHOOPING CRANE WAY  
PALM CITY, FL 34990

## Current Mailing Address:

6100 BOULEVARD OF CHAMPIONS  
NORTH LAUDERDALE, FL 33068

## New Mailing Address:

10591 S. W. WHOOPING CRANE WAY  
PALM CITY, FL 34990

FEI Number: 11-3777178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DENUZZIO, RALPH D  
6100 BOULEVARD OF CHAMPIONS  
NORTH LAUDERDALE, FL 33068 US

## Name and Address of New Registered Agent:

DENUZZIO, RALPH D  
10591 S. W. WHOOPING CRANE WAY  
PALM CITY, FL 34990 US

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.

SIGNATURE: RALPH D. DENUZZIO

04/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DENUZZIO, RALPH D  
Address: 6100 BOULEVARD OF CHAMPIONS  
City-St-Zip: NORTH LAUDERDALE, FL 33068

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: DENUZZIO, RALPH D  
Address: 10591 S. W. WHOOPING CRANE WAY  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RALPH D DENUZZIO

MGR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date