2005 LIMITED LIABILITY COMPANY

Jul 14, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000055500** 07-14-2005 90020 001 ****50.00 07-14-2005 90020 002 *****5.00 ZANÉTTI INVESTMENTS, LLC Principal Place of Business Mailing Address 767 JOHN RINGLING BOULEVARD 767 JOHN RINGLING BOULEVARD 30010100 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 07062005 CR2E083 (10/03) 4. FEI Number Applied For 20-1424187 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZANETTI, EDWARD G 767 JOHN RINGLING BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 City Zip Code 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. Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition ZANETTI, EDWARD G NAME NAME 767 JOHN RINGLING BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP MGRM ☐ Delete TITLE Change | Addition TITLE NAME ZANETTI, OLGA M NAME STREET ADDRESS 767 JOHN RINGLING BOULEVARD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP MGRM Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME ZANETTI, EDWARD A STREET ADDRESS 2133 DATE PALM WAY STREET ADDRESS CITY-ST-ZIP VENICE, FL 34292 CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE ZANETTI, DANIEL J NAME NAME STREET ADDRESS 75 COUNTRY ROUTE 40 STREET ADDRESS CITY-ST-ZIP MEXICO, NY 13114 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change Addition OTTO, MELODY L NAME NAME 15680 HANCOCK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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