

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000055500

1. Entity Name
ZANETTI INVESTMENTS, LLC



Principal Place of Business
**767 JOHN RINGLING BOULEVARD
D-35
SARASOTA, FL 34236**

Mailing Address
**767 JOHN RINGLING BOULEVARD
D-35
SARASOTA, FL 34236**



03092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1424187

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZANETTI, EDWARD G
767 JOHN RINGLING BOULEVARD
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

3-27-06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZANETTI, EDWARD G
767 JOHN RINGLING BOULEVARD
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZANETTI, OLGA M
767 JOHN RINGLING BOULEVARD
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZANETTI, EDWARD A
2133 DATE PALM WAY
VENICE, FL 34292**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZANETTI, DANIEL J
75 COUNTRY ROUTE 40
MEXICO, NY 13114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OTTO, MELODY L
15680 HANCOCK ROAD
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000485378
04/12/06-80081-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #