

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**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



03132008 No Chg-LLC

CR2E083 (12/07)

**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 reinstating)

DATE \_\_\_\_\_

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

**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

U000000862103  
04/03/08-80035-021 138.75

**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

3-15-08

Date

941 366 9301

Daytime Phone #