2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE

NAME STREET ADDRESS CITY-ST-Z@

STREET ADDRESS CITY-ST-ZIP

Mar 08, 2006 08:00 AM Secretary of State DOCUMENT # L04000062138 1. Entity Name MASSARO & FERLITA, LLC Principal Place of Business Mailing Address 4024 W. HORATIO ST. 4024 W. HORATIO ST. TAMPA, FL 33609-3939 TAMPA, FL 33609-3939 02282006 No Cha-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1657705 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MASSARO, ANDREW C DO NOT WRITE 4024 W. HORATIO ST. TAMPA, FL 33609-3939 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 Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS ٥. MGRM TITLE NAME MASSARO, ANDREW C STREET ADDRESS 4024 W. HORATIO ST. CITY-SY-ZIP TAMPA, FL 336093939 000000459316 03/18/06-80028-019 50.00 TITLE FERLITA, ANGELES S NAME 9923 STOCKBRIDGE DRIVE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33626** TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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 cycline receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: