2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
05 SEP 13 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000063717

1. Entity Name
GAROFALO PROPERTIES, LLC

Principal Place of Business	Mailing Address
520 N. ORLANDO AVE., SUITE #38 WINTER PARK, FL 32789	520 N. ORLANDO AVE., SUITE #38 WINTER PARK, FL 32789

09122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
14 E. Washington Street	14 E. Washington Street
Suite, Apt. #, etc.: Suite 406	Suite, Apt. #, etc.: Suite 406
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32801 Country: USA	Zip: 32801 Country: USA

4. FEI Number: 20-1566168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPILLER, RICHARD J C/O GAROFALO PROPERTIES, LLC 520 N. ORLANDO AVE., SUITE #38 WINTER PARK, FL 32789	Name: LaFace, Suzanne M Street Address (P.O. Box Number is Not Acceptable): 14 E. Washington Street, Suite 406 City: Orlando FL Zip Code: 32801

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: Suzanne M. LaFace 9/12/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SPILLER, RICHARD J 520 N. ORLANDO AVE., SUITE #38 WINTER PARK, FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Garo, Thomas C. 14E. Washington Street, Suite 406 Orlando, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200059776062 09/20/05--01023--014 **50.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Suzanne M. LaFace 9/12/2005 407-420-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #