2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

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Entity Name: EMIDY ZANETTE CONSTRUCTION COMPANY, LLC

Current Principal Place of Business:

C/O LOUIS ZANETTE
9190 THE LANE
NAPLES, FL 34109

New Principal Place of Business:

EMIDY ZANETTE CONSTRUCTION CO. LLC
1004 COLLIER CENTER WAY, SUITE 104
NAPLES, FL 34110

Current Mailing Address:

C/O LOUIS ZANETTE
9190 THE LANE
NAPLES, FL 34109

New Mailing Address:

EMIDY ZANETTE CONSTRUCTION CO. LLC
1004 COLLIER CENTER WAY, SUITE 104
NAPLES, FL 34110

FEI Number: 55-0880760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUMANN, RAYMOND L
27200 RIVERVIEW CENTER BLVD., SUITE 103
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: JENNICA HOLDINGS, IN, C.
Address: 9190 THE LANE
City-St-Zip: NAPLES, FL 34109

Title: MGRM ( ) Delete
Name: EMIDY, PAUL
Address: 398 ASHBURY WAY
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LOUIS ZANETTE MGRM 01/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date