

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90048 043 \*\*\*\*50.00

**DOCUMENT # L04000067014**

1. Entity Name  
**EMIDY ZANETTE CONSTRUCTION COMPANY, LLC**



Principal Place of Business  
**EMIDY ZANETTE CONSTRUCTION CO. LLC  
1004 COLLIER CENTER WAY, SUITE 104  
NAPLES, FL 34110**

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

**20002708**



01152006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**55-0880760**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name **JENNICA HOLDINGS INC.**

Street Address (P.O. Box Number is Not Acceptable)

**9190 THE LANE**

City **NAPLES** FL Zip Code **34109**

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.

**LOUIS ZANETTE**

**1/12/06**

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME **MGRM JENNICA HOLDINGS, INC.** ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP **9190 THE LANE  
NAPLES, FL 34109**

TITLE  
NAME **MGRM EMIDY, PAUL** ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP **398 ASHBURY WAY  
NAPLES, FL 34110**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

**10. ADDITIONS / CHANGES**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/12/06 239-438-7095**