2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State
02-17-2006 90019 035 ****50.00

DOCUMENT # L04000067303

1. Entity Name
GIOVANNI, LLC

Principal Place of Business	Mailing Address
3348 ATLANTIC AVE GROUND FLOOR DAYTONA BEACH SOUTH FL 32127 US	14444 SOUTH DRIVE IST FLOOR WHITESTONE NY 11357 US

2. Principal Place of Business		3. Mailing Address	
3348 ATLANTIC AVE		14444 SOUTH DRIVE	
Suite, Apt. #, etc.: GROUND FL.		Suite, Apt. #, etc.: WHITESTONE 1st FL	
City & State: DAYTONA BEACH SOUTH		City & State: NEW YORK	
Zip: 32127	Country: FLORIDA	Zip: 11357	Country: USA

1st MOORE CR2E083 (10/05)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Mr. Antonio Ippolito
14444 South Dr.
Whitestone, NY 11357

7. Name and Address of New Registered Agent

Name: ANTONIA IPPOLITO
3960 OAK TRAIL RUN
#1603
PORT ORANGE FL 32127

8. The above named entity submits this statement for the purpose of changing its registered ... the obligations of registered agent. ... accept

SIGNATURE: Antonio Ippolito - PRESIDENT 3-3-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	IPPOLITO, ANTONIO		NAME	IPPOLITO - ANTONIA	
STREET ADDRESS	14444 SOUTH DRIVE		STREET ADDRESS	3960 OAK TRAIL RUN	
CITY-ST-ZIP	WHITESTONE NY 11357		CITY-ST-ZIP	#1603, PORT ORANGE FL 32127	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Antonio Ippolito 2/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #