2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90039 038 ****50.00

DOCUMENT # L04000069078

1. Entity Name
ANTHONY R. TRAMONTANO, LLC

Principal Place of Business	Mailing Address
12320 BOATSHELL DR. MATLACHA ISLES, FL 33991	12320 BOATSHELL DR. MATLACHA ISLES, FL 33991

04142007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3990 SUNSHINE BLVD	3990 SUNSHINE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. JAMES CITY FL	City & State: ST JAMES CITY FL
Zip: 33956 Country: USA	Zip: 33956 Country: USA

4. FEI Number: 56-2481523 ☐ 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
TRAMONTANO, ANTHONY R 12320 BOATSHELL DR. MATLACHA ISLES, FL 33991	Name: JENDRUSIAK ANDREW A Street Address (P.O. Box Number is Not Acceptable): 3990 SUNSHINE BLVD City: ST JAMES CITY FL Zip Code: 33956

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] 4-19-07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	SEC	☒ Change ☐ Addition
NAME	JENDRUSIAK, ANDREW A		NAME	JENDRUSIAK, MONIQUE	
STREET ADDRESS	3990 SUNSHINE BLVD.		STREET ADDRESS	3990 SUNSHINE BLVD	
CITY-ST-ZIP	ST JAMES CITY, FL 33956		CITY-ST-ZIP	ST JAMES CITY FL 33956	
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		
CITY-ST-ZIP			CITY-ST-ZIP		
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		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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] 4-19-07 [signature] 4/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #