

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071476

FILED
May 29, 2007
Secretary of State

Entity Name: VERRAZANO'S OF NEW PORT RICHEY, LLC

Current Principal Place of Business:

4531 TRIMBLE LANE
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

C/O ERNEST L. MASCARA, P.A.
475 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 20-1698120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MASCARA, ERNEST L
THE KRESS BUILDING, SUITE 202
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

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/MANAGERS:

Title: MGRM () Delete
Name: SCIANDIVASCI, LEONARDO
Address: 4531 TRIMBLE LANE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: DESPOTA, MICHAEL J
Address: 6334 SPRING FLOWER DRIVE, UNIT 12
City-St-Zip: NEW PORT RICHEY, FL 34653 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LEONARDO SCIANDIVASCI

MGRM

05/29/2007

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