2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

ANNUAL REPURI				-	Secretary of St
	MENT # L040000720)19			20010001J 01 20
 Entity Name GIANNOI 	ne NE, INVESTMENTS, L.L.C.		14/14		
Principal Plac	ce of Business	Mailing Address	- Control of the Cont		
3025 EAST	SOUTH ST.	3025 EAST SOUTH ST.			
ORLANDO, F	FL 32803	ORLANDO, FL 32803			
			 		
					HAT BERALL STRUKT (1941) BELLEY HINDE LEHRERE III 1881
		•		01162008No Chg-LLC	CR2E083 (12/07)
and Spie	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
. Pr. Dans				NOT APPLICABLE	Not Applicable
ele elektrik				5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agont			
	IE, ROBERT		URS 11/25 &	DO NOT W	RITE
3025 EAST SOUTH STREET ORLANDO, FL 32803				ga jiyya mila mila ili mil ilikin dibila sabibida	nggan aggir sam kalak lija kita sita sa sa
	.,		projektora (K. 18.	IN THIS SF	ACE
			broke optobe		gymin i kan na til stori.
	named entity submits this statement for titions of registered agent.	the purpose of changing its registe	red office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE.		·			
SIGNATORE	Signature, typed or printed name of registered agent and	d tire if applicable. (NOTE: Registe	ed Agent signature required	when reinstating)	DATE
	NOW!!! FEE IS \$138.75				
After May	y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBER	S/MANAGERS	a makin sakara ki		etalors est is all chilitain
TITLE NAME	MGRM GIANNONE, ROBERT			U0000	
STREET ADDRESS	819 ROSEMIST CT		de Merika di S	00000	.52,10,1 -80036-011-138.75
CITY-ST-ZIP	OCOEE, FL 34761				
NAME				* 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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CITY-ST-ZIP					RITE
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STREET ADDRESS					
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TITLE	· ·				

11. I hereby certify that the information surplied 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 empower that execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

City-St-ZP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/17/08

Date

407898-33333

Daytime Phone #