

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000073269 1. Entity Name ZITO FLORIDA PROPERTIES, LLC		 <div style="text-align: right;"> FILED 07 APR 23 AM 9:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1000 N. MAGNOLIA AVE B ORLANDO, FL 32803 US		Mailing Address 1000 N. MAGNOLIA AVE B ORLANDO, FL 32803 US	
2. Principal Place of Business - No P.O. Box # 3210 SR 546		3. Mailing Address 3210 SR 546 No 1054	
Suite, Apt. #, etc. No 1054		Suite, Apt. #, etc. No 1054	
City & State Haines City		City & State Haines City	
Zip 33844		Zip 33844	
Country USA		Country FLA-USA	
4. FEI Number 20-2718160		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYALL, JOE 1000 N. MAGNOLIA AVE B ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name Joseph M Caruso Jr Street Address (P.O. Box Number is Not Acceptable) 105 N Eola Dr Suite 4 City Orlando FL Zip Code 32801	
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 <i>Joseph M Caruso Jr</i> Joseph M Caruso Jr 8 March 2007			
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR ROYALL, JOE <input checked="" type="checkbox"/> Delete 1000 N. MAGNOLIA AVE #B ORLANDO, FL 32803	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Manager <input checked="" type="checkbox"/> Addition Daniel F Zito 3210 SR 546 No 1054 HAINES CITY FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Daniel F Zito</i> Daniel F Zito		863 421 6920	