FILED
Sep 14, 2005 8:00 am
Secretary of State
08-19-2005 90089 001 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000086046

1. Entity Name
MAZZA PROPERTIES, LLC

Principal Place of Business	Mailing Address
8800 N. BATES ROAD PALM BEACH GARDENS, FL 33418	8800 N. BATES ROAD PALM BEACH GARDENS, FL 33418

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08032005 Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0530256 ☐ 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
MAZZA, DOUGLAS J 8800 N. BATES ROAD PALM BEACH GARDENS, FL 33418	Name MAZZA, DOUGLAS J Street Address (P.O. Box Number is Not Acceptable) 5319 Atlantic View City St. Augustine FL Zip Code 32080

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] 8-17-05
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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME Douglas J Mazza STREET ADDRESS 5319 Atlantic View CITY-ST-ZIP St Augustine, FL 32080	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME Carole Mazza STREET ADDRESS 5319 Atlantic View CITY-ST-ZIP St. Augustine, FL 32080	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Carole A. Mazza 8-15-05 (561) 723-4483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #