2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086046

Address:

City-St-Zip:

5319 ATLANTIC VIEW

ST AUGUSTINE, FL 32080

Entity Name: MAZZA PROPERTIES, LLC

FILED Jul 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8800 N. BATES ROAD 5319 ATLANTIC VIEW PALM BEACH GARDENS, FL 33418 ST. AUGUSTINE, FL 32080 **Current Mailing Address: New Mailing Address:** 8800 N. BATES ROAD 5319 ATLANTIC VIEW SAINT AUGUSTINE, FL 32080 PALM BEACH GARDENS, FL 33418 FEI Number: 51-0530256 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: MAZZA, DOUGLAS J 5319 ATLANTIC VIEW ST AUGUSTINE, FL 32080 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MAZZA, DOUGLAS J Name: Name: Address: 5319 ATLANTIC VIEW Address: City-St-Zip: ST AUGUSTINE, FL 32080 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MAZZA, CAROLE Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS MAZZA MGRM 07/25/2006