
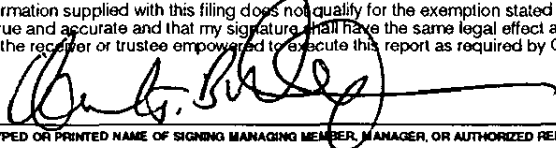


FILED  
Sep 12, 2005 8:00 am  
Secretary of State

09-12-2005 90121 017 \*\*\*\*50.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L05000000487</b>			
1. Entity Name <b>CORTONA, L.L.C.</b>			
Principal Place of Business <b>1575 OSPREY AVENUE NAPLES, FL 34102</b>		Mailing Address <b>1575 OSPREY AVENUE NAPLES, FL 34102</b>	
2. Principal Place of Business <b>KERNEY, THOMAS F</b>		3. Mailing Address <b>KERNEY, THOMAS F.</b>	
Suite, Apt. #, etc. <b>1420 E. CONCORD ST</b>		Suite, Apt. #, etc. <b>1420 E. CONCORD ST.</b>	
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>	
Zip <b>32803</b>	Country <b>USA</b>	Zip <b>32803</b>	Country <b>USA</b>
4. FEI Number <b>06302005</b>		Chg-LLC <b>CR2E083 (10/03)</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KERNEY, THOMAS F 1420 E. CONCORD STREET ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (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 <b>MGRM BILLINGTON, ANDREW J 1575 OSPREY AVENUE NAPLES, FL 34102</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM BILLINGTON, ANDREW J. ALSTONE MANOR, ALSTONE TENEKESBURY GLOS UK GL20 8JD.</b>	<input checked="" 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
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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 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: 		Date: <b>9/2/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	