2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 16, 2006 8:00 am Secretary of State

1. Entity Nar	MENT # L05000014 PIRANO LLC	556				02-16-2006 90	0141 035	****50.	00
Principal Place of Business Mailing Address 145 6TH STREET N NAPLES, FL 34102 NAPLES, FL 34102									
2. Principal f	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092006	Chg-LLC	CR2E08	3 (11/05)		
City & State		City & State		4. FEI Number	232671	9		plied For at Applicable	
Zip	Country	Zip	Country		1	f Status Desired	¬ \$	5.00 Add	
	6. Name and Address of Current F	Registered Agent			7. Name and A	Address of New R	egistered A	gent	
			Na	ame				-	
FOSTH ACCOUNTING PA 501 GOODLETTE RD N			St	treet Address (dress (P.O. Box Number is Not Acceptable)				
D-304 NAPLES,	FL 34102								
			Ci	ity		•	FL	Zip Code	₽
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered of	ffice or register	red agent, or both	, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	: Registered Agen	nt signature required	d when reinstating)		DATE		
F	iling Fee is \$50.00 ue by May 1, 2006	"			The state of the s	Make Florida	check pa Departme	yable to	
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER	S/MANAGERS	10.			Make	check pa Departme	yable to	
, D	MANAGING MEMBER	RS/MANAGERS	10.			Make Florida	check pa Departme	yable to	Addition
9. TITLE NAME	MANAGING MEMBER MGRM LUCIANO, EUGENE D		TITLE NAME			Make Florida	check pa Departme	yable to nt of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM LUCIANO, EUGENE D 145 6TH STREET N		FITLE NAME STREET ADO			Make Florida	check pa Departme	yable to nt of State	
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11. I hereby certify that the information supplied with this filling 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.

2-906

239-263-4949

Daytime Phone #