

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90015 002 \*\*\*\*55.00

**DOCUMENT # L05000019204**

1. Entity Name  
**CAPOZZI REALTY, LLC**



Principal Place of Business  
**728 CASTLEBERRY CIRCLE  
THE VILLAGES  
LADY LAKE, FL 32158**

Mailing Address  
**728 CASTLEBERRY CIRCLE  
THE VILLAGES  
LADY LAKE, FL 32158**

**20027899**



2. Principal Place of Business

3. Mailing Address

**219 WENDELL TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

**SYRACUSE NY**

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

**13203 ONONDAGA**

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

**NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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 May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
THE PHILLIP CAPOZZI, SR. REVOCABLE TRUST  
728 CASTLEBERRY CIRCLE  
LADY LAKE, FL 32158**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/5/06 (315) 446-1885**