## **~2006 LIMITED LIABILITY COMPANY**

## Apr 04, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000020464** 04-04-2006 90008 010 \*\*\*\*50.00 TAORMINA VENTURES IV, LLC Principal Place of Business Mailing Address 20024491 737 OLD TRAIL DRIVE 737 OLD TRAIL DRIVE NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 CR2E083 (11/05) Chg-LLC 4. F50-2562454 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARRIGO, JOSEPH T JR. Street Address (P.O. Box Number is Not Acceptable) 737 OLD TRAIL DRIVE NAPLES, FL 34103 City Zip Code FL 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, 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE □ Delete Change ☐ Addition ARRIGO, JOSEPH T JR. NAME NAME STREET ADDRESS 737 OLD TRAIL DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 C!TY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ 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.

NAME

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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MEMBER, MANAGER, OR AUTHORIZED REPRESENTAT

NAME

TITLE

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☐ Change

☐ Addition

FILED

Joseph T.

☐ Delete

ATTACHMENT 20029491 # 105000020464

## SHEPPARD, BRETT, STEWART, HERSCH & KINSEY P.A.

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\* BOARD CERTIFIED: WILLS, TRUSTS & ESTATES

^ CERTIFIED PUBLIC ACCOUNTANT (FL)

+ ALSO ADMITTED IN IOWA

March 31, 2005

VIA CERTIFIED MAIL 7002 2410 0001 4458 1629

Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

RE:

TAORMINA VENTURES, LLC TAORMINA VENTURES II, LLC TAORMINA VENTURES III, LLC TAORMINA VENTURES IV, LLC

Dear Sir or Madam:

Enclosed, please find the five original Annual Reports for the above referenced companies. Each completed annual report includes a check in the amount of \$50.00 payable to the Florida Department of State. I understand that you will be filing these before the May 1, 2006 deadline.

Should you have any questions or comments, please do not hesitate to contact me.

Kind regards,

SHEPPARD, BRETT, STEWART, HERSCH & KINSEY, P.A.

Craig R. Hersch

CRH/mkd Enclosures

cc: Dr. Joseph Arrigo, Jr.