

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90008 006 \*\*\*\*50.00

**DOCUMENT # L05000020470**

1. Entity Name  
**TAORMINA VENTURES, LLC**



Principal Place of Business  
**737 OLD TRAIL DRIVE  
NAPLES, FL 34103**

Mailing Address  
**737 OLD TRAIL DRIVE  
NAPLES, FL 34103**

2. Principal Place of Business

3. Mailing Address

\*\*\*\*\*



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
**20-2561379**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**ARRIGO, JOSEPH T JR.  
737 OLD TRAIL DRIVE  
NAPLES, FL 34103**

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ARRIGO, JOSEPH T JR.  
737 OLD TRAIL DRIVE  
NAPLES, FL 34103** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
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 #

**Joseph T. Arrigo, Jr.**

**3/22/2006 239-982-3951**

ATTACHMENT



20624495  
#LD5000020470

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

ATTORNEYS AT LAW  
FIRM ESTABLISHED 1924

JAY ANDREW BRETT  
JOHN F. STEWART +  
CRAIG R. HERSCH \*\*  
D. HUGH KINSEY, JR.  
MICHAEL B. HILL

9100 COLLEGE POINTE COURT  
FORT MYERS, FLORIDA 33919  
(239) 334 - 1141 PHONE  
(239) 334 - 3965 FAX

ELECTRONIC MAIL:

brett@sbshlaw.com  
stewart@sbshlaw.com  
hersch@sbshlaw.com  
kinsey@sbshlaw.com  
hill@sbshlaw.com

OF COUNSEL  
JOHN W. SHEPPARD \*

www.sbshlaw.com

\* 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 I, 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.