

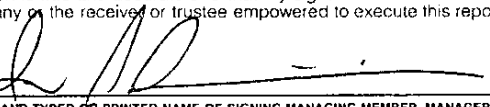


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90134 028 \*\*\*\*50.00

<b>DOCUMENT # L05000021600</b> 1. Entity Name <b>GIOVINCO FINANCIAL GROUP, LLC</b>			
Principal Place of Business <b>84 DAVIS BLVD #303 TAMPA 33606 US</b>		Mailing Address <b>84 DAVIS BLVD #303 TAMPA 33606 US</b>	
2. Principal Place of Business <b>81 Davis Blvd</b> Suite, Apt. #, etc. <b>A</b> City & State <b>Tampa FL</b> Zip <b>33606</b>		3. Mailing Address <b>81 Davis Blvd</b> Suite, Apt. #, etc. <b>A</b> City & State <b>Tampa Florida</b> Zip <b>33606</b>	
		1st MOORE      CR2E083 (10/05)	
			
		4. FEI Number <b>20-2425280</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GIOVINCO, IAN S 84 DAVIS BLVD #303 TAMPA FL 33606</b>		7. Name and Address of New Registered Agent Name <b>IAN S. GIOVINCO</b> Street Address (P.O. Box Number is Not Acceptable) <b>81 Davis Blvd</b> <b>apt A</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33606</b>	
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 reconstituting) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIOVINCO, IAN S	NAME	IAN S. GIOVINCO
STREET ADDRESS	84 DAVIS BLVD, #303	STREET ADDRESS	81 Davis Blvd, apt A
CITY-ST-ZIP	TAMPA FL 33606	CITY-ST-ZIP	TAMPA, FL 33606
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			
<b>SIGNATURE:</b> 		1/30/06      813-728-8548	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date      Daytime Phone #	