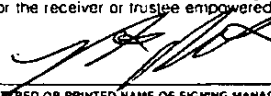


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-11-2006 90016 050 ****50.00

DOCUMENT # L05000034300			
1. Entity Name NITTOLO LAND DEVELOPMENT, LLC			
Principal Place of Business 4371 NORTHLAKE BLVD. #305 PALM BEACH GARDENS FL 33410		Mailing Address 4371 NORTHLAKE BLVD. #305 PALM BEACH GARDENS FL 33410	
2. Principal Place of Business 4711 N. Australian Ave. Suite, Apt. #, etc. #21		3. Mailing Address 4711 N. Australian Ave. Suite, Apt. #, etc. #21	
City & State Margenau Park, FL		City & State Margenau Park	
Zip 33407	Country U.S.A.	Zip 33407	Country U.S.A.
4. FEI Number 43-2079381		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NITTOLO, ROBERT F 4371 NORTHLAKE BLVD. #305 PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when applicable) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Robert Nittole 4711 N. Australian Ave. #21 Margenau Park, FL 33407 ☐ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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	☐ Delete	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 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.			
SIGNATURE: 		Robert Nittole, Inc. 4/28/06 561-842-4776	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	