2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

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1. Entity Name

NITTOLO LAND DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
4371 NORTHLAKE BLVD. #305 PALM BEACH GARDENS FL 33410	4371 NORTHLAKE BLVD. #305 PALM BEACH GARDENS FL 33410

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
4711 N. Australian Ave.	4711 N. Australian Ave.
Suite, Apt. #, etc. #21	Suite, Apt. #, etc. #21
City & State Mangonia Park, FL.	City & State Mangonia 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	7. Name and Address of New Registered Agent
NITTOLO, ROBERT F 4371 NORTHLAKE BLVD. #305 PALM BEACH GARDENS FL 33410	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 changing) 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 Nittolo 4711 N. Australian Ave. #21 Mangonia 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
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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 Nittolo Pres. 4/28/06 561-842-4776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #