

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90188 034 \*\*\*\*50.00

<b>DOCUMENT # L05000040292</b> 1. Entity Name <b>DUO FRATELLOS, L.L.C.</b>					
Principal Place of Business <b>1270 BAYSHORE DRIVE ENGLEWOOD FL 34223</b>			Mailing Address <b>1270 BAYSHORE DRIVE ENGLEWOOD FL 34223</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">AP-PLIED FOR</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent  <b>DICKINSON, ROBERT A 460 S. INDIANA AVENUE ENGLEWOOD FL 34223</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BARBERO, MARTIN R 1270 BAYSHORE DRIVE ENGLEWOOD FL 34223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BARBERO, THOMAS B BOX 493 LOCKFORD CA 95237	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BARBERO, THOMAS B BOX 493 LOCKFORD CA 95237	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BARBERO, THOMAS B BOX 493 LOCKFORD CA 95237	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BARBERO, THOMAS B BOX 493 LOCKFORD CA 95237	<input type="checkbox"/> Delete			
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: <u>Martin Barbero</u> <u>MARTIN BARBERO</u> <u>2/20/07</u> <u>475-3050</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

