

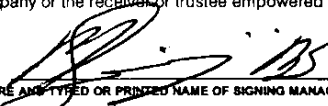


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90063 035 ****50.00

DOCUMENT # L05000052067 1. Entity Name ALAFIA RIVER PROPERTY GROUP, LLC					
Principal Place of Business 411 VANDERKLOOT DRIVE OSPREY, FL 34229			Mailing Address 411 VANDERKLOOT DRIVE OSPREY, FL 34229		
2. Principal Place of Business - No P.O. Box # 8620 S. TAMiami Trail		3. Mailing Address 8620 S. TAMiami Trail		 01042007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. Suite N-P		Suite, Apt. #, etc. Suite N-P			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34238		Zip 34238			
Country U.S.A.		Country U.S.A.		4. FEI Number 20-2900474	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M 720 S. ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Alessandro A. Giannini, D.D.S. Street Address (P.O. Box Number is Not Acceptable) 8620 S. TAMiami Trail Suite N-P City Sarasota FL Zip Code 34238		
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 must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1/10/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIANNINI MANAGEMENT ENTERPRISES, LLC <input type="checkbox"/> Delete 411 VANDERKLOOT DRIVE OSPREY, FL 34229		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Giannini Management Enterprises LLC 8620 S. TAMiami Trail, Suite N-P Sarasota, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete GIANNINI, ALESSANDRO 411 VANDERKLOOT DR OSPREY, FL 34229		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alessandro A. Giannini, D.D.S. 8620 S. TAMiami Trail, Suite N-P Sarasota, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 1/10/07	