2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Authory S. L. LIANO, SR., MANAGER
ANTHONY S. L. TALIANO, SR., MANAGER

DOCUMENT # L05000053672

1. Entity Name CAESAR STREET, LLC



FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90046 015 ****50.00

					TEST .					
Principal Place of Business 201 N. FRANKLIN STREE C/O DAVID M. BOGGS TAMPA, FL 33602		Mailing Address 201 N. FRANKLIN STR C/O DAVID M. BOGGS TAMPA, FL 33602	EET, SUI	TE 2009.	į		III 16 711 ENAY A EN a Ang			1860k W (80)
2. Principal Place of Business RD 3. Mailing Address 5607 JOHNS RD 5607 JOHNS			Ro	· ·	1					
Suite, Apt. #, etc. Suite, Apt. #, etc. / O O /						04142006	Chg-LLC		E083 (11/05))
TAMPA, FL		City & State TAMPA FL				4. FEL Numb	57466	31	⊢	pplied For lot Applicable
33634	Country HILLS BOROUGH	33634	FILL	try SBORL	ивн		e of Status Desire		\$5.00 Ad Fee Require	
6. Name	and Address of Current F	legistered Agent		Name		7. Name an	d Address of Ne	w Registered	d Agent	
BOGGS, DAVID M 201 N. FRANKLIN STREET, SUITE 2000			Name Street Address (P.O. Box Number is Not Acceptable)							
TAMPA, FL 33602	INEE1, 3011E 2000			Groot According to Day Number is Not Acceptable)						
				City				F	Zip Coo	de
The above named entity the obligations of register	submits this statement for ered agent.	the purpose of changing its	register	ed office o	r registere	ed agent, or be	oth, in the State o	of Florida. I an	n familiar with	, and accept
SIGNATURESignature, typed of	or printed name of registered agent ai	nd titte if applicable. (NO	E: Registere	d Agent signat	ture required	when reinstating)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2006							Make check rida Depart	payable to ment of Sta	te	
9.	MANAGING MEMBER	S/MANAGERS	10.				ADDITIO	NS/CHANGE	S	
TITLÉ		☐ Delete	TITLE		ME				Change	Addition
NAME			NAM		SAL	VATORE	A. IT	ALIANO	9	
STREET ADDRESS				ET ADDRESS	560	7 304	INS RD.	SIE 10	01	1
CITY-ST-ZIP			_	-ST-ZIP			33634			
TITLE		☐ Delete	TITLE		MG		S T+41	10.15	Change	Addition
NAME STREET ADDRESS			NAMI	ET ADDRESS	Z 40	770709	S. ITAL NS RD.,	-/ANO,	SR.	
CITY-ST-ZIP				-ST-ZIP	TA	MPAH	FL 33	634		
TITLE		□ Delete	TITLE		MG	38	****		Change	Addition
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CITY-ST-ZIP			CITY-	-ST-ZIP	FAM	PA	S. ITALIA. S. ITAL S RD., S FL 33	634	•	
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS	1					ł
				-ST-ZIP	ļ					
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STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
11. I hereby certify that the indicated on this report limited liability company	information supplied with the istrue and accurate and the receiver or trustee	nat my signature shall have	the same	legal effe	ct as if m	ade under oatl	n; that I am a ma	. I further cert anaging memi	ify that the info ber or manage	ormation er of the

4/26/06

(813)254-3.883 Daytime Phone #