


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 16, 2006 8:00 am
Secretary of State

01-31-2006 90027 004 ****55.00

DOCUMENT # L05000058153																																																																									
1. Entity Name GIULIANO/MINORCA D-602, LLC																																																																									
Principal Place of Business 5703 RED BUG LAKE ROAD, PMB-102 WINTER SPRINGS FL 32708			Mailing Address 5703 RED BUG LAKE ROAD, PMB-102 WINTER SPRINGS FL 32708																																																																						
2. Principal Place of Business			3. Mailing Address																																																																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																						
City & State			City & State																																																																						
Zip		Country		Zip																																																																					
4. FEI Number 20-3042905				Applied For <input type="checkbox"/> Not Applicable																																																																					
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Additional Fee Required \$5.00																																																																					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																						
GIULIANO, VINCENZO 5703 RED BUG LAKE ROAD, PMB-102 WINTER SPRINGS FL 32708			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 transferring)																																																																									
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 </div>																																																																									
<table border="1"> <thead> <tr> <th colspan="2">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE</td> <td>VINCENZO GIULIANO <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>5703 RED BUG LAKE RD.</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PMB 102, WINTER SPRINGS, FL</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>32708 <input type="checkbox"/> Delete</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CONCETTA GIULIANO <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>5703 RED BUG LAKE RD.</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PMB 102, WINTER SPRINGS, FL</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>32708 <input type="checkbox"/> Delete</td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE	VINCENZO GIULIANO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	5703 RED BUG LAKE RD.	NAME		STREET ADDRESS	PMB 102, WINTER SPRINGS, FL	STREET ADDRESS		CITY - ST - ZIP	32708 <input type="checkbox"/> Delete	CITY - ST - ZIP		TITLE	CONCETTA GIULIANO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	5703 RED BUG LAKE RD.	NAME		STREET ADDRESS	PMB 102, WINTER SPRINGS, FL	STREET ADDRESS		CITY - ST - ZIP	32708 <input type="checkbox"/> Delete	CITY - ST - ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP	
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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>Vincenzo Giuliano</u> VINCENZO GIULIANO 1-20-2006 4076990282																																																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																									

MANAGING PARTNER #1
MANAGING PARTNER #2

PLEASE SEND
TAX RETURN BOOKLET
ASAP.

V.G. - Vincenzo Giuliano 3-8-06.
Concetta Giuliano 3-8-06



ATTACHMENT

30002590

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2006

GIULIANO/MINORCA D-602, LLC
5703 RED BUG LAKE ROAD, PMB-102
WINTER SPRINGS, FL 32708

Subject: GIULIANO/MINORCA D-602, LLC

Reference Number:

L05000058153

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314