


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90354 020 ****50.00

DOCUMENT # L05000060266 1. Entity Name DEL BIONDO INVESTMENTS, LLC	
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40074731



Principal Place of Business 16346 SW 78 TERRACE MIAMI, FL 33193	Mailing Address 16346 SW 78 TERRACE MIAMI, FL 33193
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2. Principal Place of Business - No P.O. Box # 16649 SW 84 TERRACE Suite, Apt. #, etc.	3. Mailing Address 16649 SW 84 TERRACE Suite, Apt. #, etc.
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03132007 Chg-LLC CR2E083 (12/06)

City & State Miami - FLA	City & State Miami - FLA
Zip 33193	Country US

4. FEI Number 20-3018091	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DEL BIONDO, FRANCISOC 16346 SW 78 TERRACE MIAMI, FL 33193	7. Name and Address of New Registered Agent Name DEL BIONDO, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 16649 SW 84 TERRACE City MIAMI FL Zip Code 33193
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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 reinstating) DATE 04/13/07

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 DEL BIONDO, FRANCISCO J 16346 SW 78 TERRACE MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEL BIONDO, FRANCISCO 16649 SW 84 TERRACE MIAMI - FLA 33193 <input type="checkbox"/> Change <input checked="" 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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 04/13/07 Daytime Phone #