2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L05000070484

Entity Name: MAZZOCCHI INVESTMENTS, LLC

Current Principal Place of Business:

125 BUTTONWOOD CIRCLE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

125 BUTTONWOOD CIRCLE
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 20-3172694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERKS, CHRISTY S
50 SE FOURTH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

LEE, JOSEPH M
6801 LAKE WORTH ROAD
SUITE 127
LAKE WORTH, FL 33467 US

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.

SIGNATURE: JOSEPH M LEE 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LIUZZO-MAZZOCCHI, RAFAELA R TRUSTEE
Address: 125 BUTTONWOOD CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGR ( ) Delete
Name: MAZZOCCHI, NUNZIA TRUSTEE
Address: 125 BUTTONWOOD CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LIUZZO-MAZZOCCHI, RAFFAELA R TRUSTEE
Address: 125 BUTTONWOOD CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAFFAELA LIUZZO-MAZZOCCHI MGR 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date