

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083543

FILED
Jul 14, 2006
Secretary of State

Entity Name: GIUDICI, LLC

Current Principal Place of Business:

4563 BEE RIDGE RD.
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

4563 BEE RIDGE RD.
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 20-3353769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PALMER, BRIAN
2937 BEE RIDGE RD.
SUITE 2
SARASOTA, FL 34239 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REASSO, MIRCA
Address: 4563 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233 US

Title: M () Delete
Name: GIUDICI, MANLIO
Address: 1724 REDWOOD ST.
City-St-Zip: SARASOTA, FL 34231 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HELDWEIN, MONIA
Address: 5122 NORTHRIDGE ROAD, UNIT 107
City-St-Zip: SARASOTA, FL 34238 US

Title: M (X) Change () Addition
Name: GIUDICI, MANLIO
Address: 5122 NORTHRIDGE ROAD, UNIT 107
City-St-Zip: SARASOTA, FL 34238 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MONIA HELDWEIN

MGRM

07/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date