


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-05-2006 90018 035 ****50.00

DOCUMENT # L05000091399			
1. Entity Name DONNA CARDELLINO, LLC			
Principal Place of Business 12121 LITTLE ROAD, SUITE #270 HUDSON, FL 34667		Mailing Address 12121 LITTLE ROAD, SUITE #270 HUDSON, FL 34667	
2. Principal Place of Business <i>12121 Little Rd.</i>		3. Mailing Address <i>12121 Little Rd. Ste 270</i>	
Suite, Apt. #, etc. <i>Suite 270</i>		Suite, Apt. #, etc. <i>Suite #270</i>	
City & State <i>Hudson, FL</i>		City & State <i>Hudson, FL</i>	
Zip <i>34667</i>	Country <i>USA</i>	Zip <i>34667</i>	Country <i>USA</i>
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALTMAN, ROBERT N 5628 MAIN STREET NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Principal Donna Cardellino 12121 Little Rd. Ste. 270 Hudson, FL 34667</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Donna Cardellino</i>		Date: <i>4/1/06</i> 813.928.9125	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

I am the only principle in company.