

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90051 012 \*\*\*\*50.00

|   |                                 |  |   |  |  |
|---|---------------------------------|--|---|--|--|
| <b>DOCUMENT # L05000094273</b>  |                                 |  |   |  |  |
| <b>1. Entity Name</b><br>THE URICCHIO FAMILY, LLC   |                                 |  |   |  |  |
| <b>Principal Place of Business</b><br>1400 WEST FAIRBANKS AVENUE STE 300<br>WINTER PARK, FL 32789   |                                 |  | <b>Mailing Address</b><br>1400 WEST FAIRBANKS AVENUE STE 300<br>WINTER PARK, FL 32789   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>1415 Gene Street<br>Suite, Apt. #, etc.  |                                 | <b>3. Mailing Address</b><br>1415 Gene Street<br>Suite, Apt. #, etc. |   |  |  |
| <b>City &amp; State</b><br>Winter Park, FL  |                                 | <b>City &amp; State</b><br>Winter Park, FL                           |   | <b>4. FEI Number</b><br>NOT APPLICABLE   |  |
| <b>Zip</b><br>32789   |                                 | <b>Country</b><br>USA  |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BRENNAN,MANNA & DIAMOND, P.L.<br>76 SOUTH LAURA STREET STE 2110-<br>JACKSONVILLE, FL 32202  |                                 |  | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |  |
| <b>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.</b>  |                                 |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                 |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |                                 |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |                                 |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| <b>TITLE</b><br>MGR<br><b>NAME</b><br>URICCHIO, JOSEPH V<br><b>STREET ADDRESS</b><br>1400 WEST FAIRBANKS AVENUE STE 300<br><b>CITY-ST-ZIP</b><br>WINTER PARK, FL 32789  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>MGR<br><b>NAME</b><br>URICCHIO, JOSEPH V<br><b>STREET ADDRESS</b><br>1415 GENE STREET<br><b>CITY-ST-ZIP</b><br>WINTER PARK, FL 32789                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
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| <b>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.</b> |                                 |  |   |  |  |
| <b>SIGNATURE:</b> JOSEPH V. URICCHIO  |                                 |  | 4/24/07 (407) 647-7839  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                 |  | Date Daytime Phone #  |  |  |