2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006
Secretary of State

DOCUMENT# L05000095536

Entity Name: FUCCILLO GH, LLC

Current Principal Place of Business:

76 DREW DRIVE
EASTPORT, NY 11941 US

New Principal Place of Business:

14351 HARBOUR LINKS CT UNIT A
FORT MYERS, FL 33908 US

Current Mailing Address:

76 DREW DRIVE
EASTPORT, NY 11941 US

New Mailing Address:

FEI Number: 20-3566899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, RICHARD T
901 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: FUCCILLO, RALPH
Address: 76 DREW DRIVE
City-St-Zip: EASTPORT, NY 11941 US

Title: MGRM ( ) Delete
Name: FUCCILLO, ARTHUR SR.
Address: 67 NORTH PINE LAKE DRIVE
City-St-Zip: PATCHOGUE, NY 11772 US

Title: MGRM ( ) Delete
Name: FUCCILLO, ARTHUR JR.
Address: 14709 CHESTERFIELD ROAD
City-St-Zip: ROCKVILLE, MD 20853 US

ADDITIONS/CHANGES:

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

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

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

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: RALPH FUCCILLO MGRM 02/09/2006

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