

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90051 003 ***138.75

DOCUMENT # L05000096178					
1. Entity Name F. VICINO PROPERTIES, LLC					
Principal Place of Business 1800 SOUTH OCEAN BOULEVARD UNIT 807 POMPANO BEACH, FL 33062			Mailing Address 1800 SOUTH OCEAN BOULEVARD UNIT 807 POMPANO BEACH, FL 33062		
2. Principal Place of Business - No P.O. Box # 3312 NE 40 Street		3. Mailing Address 3312 NE 40 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft Lauderdale, FL		City & State Ft Lauderdale, FL			
Zip 33308		Country Broward		Zip 33308	
Country Broward		4. FEI Number 20-3563277			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VICINO, FRANK T JR 1800 SOUTH OCEAN BOULEVARD UNIT 807 POMPANO BEACH, FL 33062			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reissuing)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VICINO, FRANK T JR 1800 SOUTH OCEAN BOULEVARD UNIT 807 POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Vicino Frank T Jr. 3312 NE 40 Street Ft Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: _____			1/7/08 (954) 325-9777		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		