

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000103022

1. Entity Name

BIZ BROKER PRO, LLC



06 MAR -9 PM 12:18

TALLAHASSEE, FLORIDA



Principal Place of Business

1999 WEST COLONIAL DRIVE
ORLANDO FL 32804

Mailing Address

1999 WEST COLONIAL DRIVE
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIGLIO-BENKIRAN, MICHELE ESQUIRE
BENKIRAN & MALARET, P.A.
1999 W. COLONIAL DRIVE #204
ORLANDO FL 32804

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME DIGLIO, CRESS V
STREET ADDRESS 1999 WEST COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32804

☐ Change ☐ Addition
100069064151
03/30/06--01062--008 **350.00

TITLE CEO ☐ Delete
NAME DIGLIO, CRESCENZO S
STREET ADDRESS 1999 WEST COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32804

☐ Change ☐ Addition

TITLE VP ☐ Delete
NAME FRISAURA, FRANKLIN
STREET ADDRESS 1999 WEST COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32804

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cress Diglio

2/06/06 (407) 682-9600