2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 12, 2006 8:00 am
Secretary of State
05-05-2006 90023 031 ****55.00

DOCUMENT # L05000104082

1. Entity Name

GIACALONE ESTATES, LLC

Principal Place of Business	Mailing Address
644 WILLOW GROVE ST HACKETTSTOWN NJ 07840 US	644 WILLOW GROVE ST HACKETTSTOWN NJ 07840 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
7000 Beach Plaza	7000 Beach Plaza unit 102
Suite, Apt. #, etc.: unit 102	Suite, Apt. #, etc.
City & State: St. Pete Beach FL	City & State: St Pete Beach FL
Zip: 33706 Country: USA	Zip: 33706 Country: USA

4. FEI Number: 42-1692144 ☐ 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
GIACALONE, MARIA 7000 BEACH PLAZA 102 ST. PETE FL 33706	Name: Michael Giacalone Street Address (P.O. Box Number is Not Acceptable): 7000 Beach Plaza unit 102 City: St Pete Beach FL Zip Code: 33706

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: Maria Giacalone DATE: 4/23/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~ President GIACALONE, MARIA 644 WILLOW GROVE ST HACKETTSTOWN NJ 07840	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Michael Giacalone 7000 Beach Plaza unit 102 St. Pete Beach FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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: Maria Giacalone 4-15-06 973-202-4077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #