2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000110733

1. Entity Name

NATOLI ENTERPRISES, L.L.C.



FILED Feb 22, 2007 08:00 AM **Secretary of State**

Principal Place of Business

2321 SEVEN SPRINGS BLVD. NEW PORT RICHEY, FL 34655 Mailing Address

7127 OTTER CREEK DR.

NEW PORT RICHEY, FL 34655 US

CR2E083 (11/05)

02182007No Chg-LLC

4. FEI Number 87-0756517

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NATOLI, MICHAEL J

DO NOT WRITE

| 7127 OTTER CREEK DR. NEW PORT RICHEY, FL 34655 | | IN . | IN THIS SPACE | |
|--|--|--|--|--|
| | e named entity submits this statement for the purpose of chations of registered agent. | Inging its registered office or registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE | |
| F | lling Fee is \$50.00 we by May 1, 2007 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | 1. 1. W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NATOLI, MICHAEL J 7127 OTTER CREEK DR. NEW PORT RICHEY, FL 34655 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NATOLI, DEBRA L 7127 OTTER CREEK DR. NEW PORT RICHEY, FL 34855 | | 000000643507 03/02/07-80005-002 50.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE | |
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| TITLE NAME STREET ADDRESS | | | | |

11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MICHAEL

ATOU

19563

Daytime Phone #