

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 29, 2006 8:00 am
Secretary of State

05-05-2006 90032 022 ****50.00

DOCUMENT # L05000111357 1. Entity Name MATTHEW JOHN SOLDAVINI, LLC					
Principal Place of Business 240 1ST AVENUE NORTH NAPLES FL 34102-5922			Mailing Address 240 1ST AVENUE NORTH NAPLES FL 34102-5922		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3816793	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDGINS, THOMAS F 801 12TH AVENUE SOUTH, SUITE 200 NAPLES FL 34102				7. Name and Address of New Registered Agent Name Matthew John Soldavini, P.A. Street Address (P.O. Box Number is Not Acceptable) 801 12th Avenue South Suite 202 City Naples FL Zip Code 34102	
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 DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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	MGRM SOLDAVINI, MATTHEW J 240 1ST AVENUE NORTH NAPLES FL 34102-5922	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: 4/25/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

ATTACHMENT

WE DELIVER ACCOUNTING EXCELLENCE
AND OUTSTANDING CLIENT SERVICE
AT REASONABLE RATES

STRAIGHT TALK, REAL VALUESM

Matthew John Soldavini, P.A.

Certified Public Accountants

791 Tenth Street South, Suite 301

Naples, Florida 34102

T 239.262.7230

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605000111357

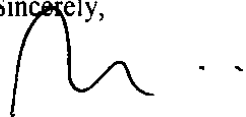
June 26, 2006

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

Please be advised that we have entered all the Federal Employer Identification (FEI) numbers you requested for the Annual Report.

Feel free to contact me with any questions.

Sincerely,



Matthew John Soldavini, P.A.