

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000115780

1. Entity Name
CUOZZO PROPERTIES, LLC



**FILED
Apr 10, 2008 8:00 am
Secretary of State**

04-10-2008 90129 027 ***150.00

60021624



03202008 Chg-LLC CR2E083 (12/06)

Principal Place of Business		Mailing Address	
1590 BAY CLUB RD. OVIEDO, FL 32766		1590 BAY CLUB RD. OVIEDO, FL 32766	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
CUOZZO, ROSE 1590 BAY CLUB ROAD OVIEDO, FL 32766			
7. Name and Address of New Registered Agent			
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 \$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	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUOZZO, ROSE		NAME	
STREET ADDRESS	1590 BAY CLUB ROAD		STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32766		CITY-ST-ZIP	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUOZZO, PAUL F		NAME	
STREET ADDRESS	1590 BAY CLUB ROAD		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32766		CITY-ST-ZIP	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUOZZO, ROSALIA		NAME	
STREET ADDRESS	1590 BAY CLUB ROAD		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32766		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 it 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: *Rose Lynn*

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

3/25/08

Date

Daytime Phone #