


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

2008

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

01-10-2008 90021 034 \*\*\*138.75

**DOCUMENT #** L06000013865  
 1. Entity Name  
**LOZZI & MAZZEO, L.L.C.**



Principal Place of Business Mailing Address  
**8440 SW 8th St., Apt. 501-A** **SAME**  
**Miami, Florida 33144**

Principal Place of Business 3. Mailing Address  
**8440 SW 8th St.** **SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Apt. 501-A**

City & State City & State  
**Miami, Florida**  
 Zip Country Zip Country  
**33144 USA**

**60000791**



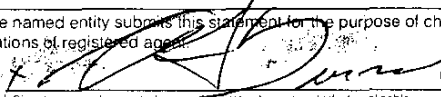
04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For  
**84-1709696** Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**DURAN, ALFREDO G**  
**2601 SO. BAYSHORE DRIVE, SUITE 1400**  
**MIAMI, FL 33133**

**7. Name and Address of New Registered Agent**  
 Name **ALFREDO G. DURAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2340 So. Dixie Highway**  
 City **Miami** State **FL** Zip Code **33133**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR Operating Mgr.	RAFAEL A. LACAVALERIE	8440 SW 8th St., Apt. 501-A	Miami, Florida 33144	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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:**  **RAFAEL A. LACAVALERIE**  
 Operating Mgr. (786) 863-0416 1/7/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #