


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90168 001 ****50.00
04-30-2007 90168 002 *****5.00

DOCUMENT # L06000014113	
1. Entity Name CONTORNO & SFORZO LLC	

Principal Place of Business 400 ASHLEY AVE. TAMPA, FL 33617	Mailing Address 400 ASHLEY AVE. TAMPA, FL 33617
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2. Principal Place of Business - No P.O. Box # 38858 US 19-N	3. Mailing Address POB 1203
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TARPON SPRINGS FL	City & State PALM HARBOR FL
Zip 34689	Zip 34682
Country USA	Country USA



04142007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent REPINSKI, SCOTT R CPA 10201 N. W. 33RD STREET SUNRISE, FL 33351	
7. Name and Address of New Registered Agent Name R. A. Contorno Street Address (P.O. Box Number is Not Acceptable) 38858 US 19-N City TARPON SPRINGS FL Zip Code 34689	

4. FEI Number 87-0761563	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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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 R. A. Contorno <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4/27/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SFORZO, MICHELLE P.O. BOX 1203 PALM HARBOR, FL 34682 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm R. A. Contorno PO Box 1203 PALM HARBOR FL 34682 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: R. A. Contorno <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 4/27/07 Daytime Phone # (727) 934-8005