


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # L06000042282**

1. Entity Name  
**ADRIANI PROPERTIES, LLC**



|  |  |
|--|--|
| Principal Place of Business<br><b>2605 CLARK ROAD<br/>         TAMPA, FL 33618</b> | Mailing Address<br><b>2605 CLARK ROAD<br/>         TAMPA, FL 33618</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-LLC      CR2E083 (12/07)

|   |   |
|---|---|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                    | Applied For<br><input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required   |

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED  
 1203 GOVERNORS SQUARE BLVD., SUITE 101  
 TALLAHASSEE, FL 32301-2960**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**


9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ALBANESE-ADRIANI, MARION<br>2605 CLARK ROAD<br>TAMPA, FL 33618 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ADRIANI, DAVID<br>2605 CLARK ROAD<br>TAMPA, FL 33618           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

U00000801722  
 02/01/08-80029-019 138.75

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:       1-2401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #