2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State
03-02-2007 90190 021 ****50.00

1st MOORE CR2E083 (10/06)

DOCUMENT # L06000048659

1. Entity Name
GIACOBAZZI PARTNERS, L.L.C.

Principal Place of Business
433 S. DIXIE HIGHWAY EAST
POMPANO BEACH FL 33060

Mailing Address
433 S. DIXIE HIGHWAY EAST
POMPANO BEACH FL 33060

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		11820 NW 41st St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Coral Springs Fl	
Zip	Country	Zip: 33065	County: Broward

4. FEI Number: 20-5044603 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOTO, OSCAR E ESQ
THE SOTO LAW GROUP, P.A.
915 MIDDLE RIVER DRIVE, SUITE 304
FORT LAUDERDALE FL 33304

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBAZZI, MICHAEL ~~433 S. DIXIE HIGHWAY EAST~~ 11820 N.W 41st St ~~POMPANO BEACH FL 33060~~ Coral Springs Fl 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - JACOBAZZI, Denise 11820 N.W. 41st St Coral Springs, Fl. 33065 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBAZZI, ANTHONY ~~433 S. DIXIE HIGHWAY EAST~~ 11820 NW 41st St ~~POMPANO BEACH FL 33060~~ Coral Springs Fl 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Denise A. Jacobazzi Denise JACOBAZZI 954-786-4350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

D. Jacobazzi 3-29-07