

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048659

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

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

11820 NW 41ST ST
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

11820 NW 41TS STREET
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-5044603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOTO, OSCAR E ESQ
THE SOTO LAW GROUP, P.A.
1400 E COMMERCIAL BLVD #400
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JACOBAZZI, MICHAEL
Address: 11820 NW 41ST STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Delete
Name: JACOBAZZI, ANTHONY
Address: 11870 NW 41ST STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Delete
Name: JACOBAZZI, DENISE
Address: 11820 NW 41ST STREET
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 JACOBAZZI

MGRM

02/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date