


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90074 036 ****50.00

DOCUMENT # L06000057392 1. Entity Name PALAZZOLO'S ITALIAN RECORDS, L.L.C.					
Principal Place of Business 321 AIRPORT ROAD NORTH NAPLES, FL 34104			Mailing Address 321 AIRPORT ROAD NORTH NAPLES, FL 34104		
2. Principal Place of Business - No P.O. Box # 811 MYRTLE TERRACE		3. Mailing Address 811 MYRTLE TERRACE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 04242007 Chg-LLC CR2E083 (12/06)	
Zip 34103		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PALAZZOLO, ROSS 321 AIRPORT ROAD NORTH NAPLES, FL 34104			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 811 MYRTLE TERRACE City NAPLES FL Zip Code 34103		
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 <u><i>Ross Palazzo</i></u> DATE <u>4-25-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (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			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALAZZOLO, ROSS 321 AIRPORT ROAD NORTH NAPLES, FL 34104	<input type="checkbox"/> Delete			
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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: <u><i>Ross Palazzo</i></u> DATE <u>4-25-07</u> 239-657-4442 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					