

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103897

FILED  
Feb 18, 2008  
Secretary of State

Entity Name: CROCI REAL ESTATE, LLC

**Current Principal Place of Business:**

6360 TOPAZ COURT  
FORT MYERS, FL 33966

**New Principal Place of Business:**

**Current Mailing Address:**

6360 TOPAZ COURT  
FORT MYERS, FL 33966

**New Mailing Address:**

FEI Number: 20-5824780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWALM, BOURGEOU & DAVIES, P.A.  
2375 TAMiami TRAIL NORTH  
SUITE 308  
NAPLES, FL 34103 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: MGR ( ) Delete  
Name: CROCI, VITTORIO  
Address: 6360 TOPAZ COURT  
City-St-Zip: FORT MYERS, FL 33966 US

Title: MGR ( ) Delete  
Name: CROCI, CESARE  
Address: 6360 TOPAZ COURT  
City-St-Zip: FORT MYERS, FL 33966 US

Title: MGR ( ) Delete  
Name: MORZANIGA, GIL  
Address: 6360 TOPAZ COURT  
City-St-Zip: FORT MYERS, FL 33966

**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: GIL MORZANIGA

MGR

02/18/2008

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