

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107135

FILED
May 02, 2007
Secretary of State

Entity Name: PROVIDENCE PLACE ON THE ISLAND,LLC.

Current Principal Place of Business:

127 TAMPA AVE EAST
#2
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

127 TAMPA AVE EAST
#2
VENICE, FL 34285 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VELLUCCI, TAMMY
127 TAMPA AVE EAST
#3
VENICE, FL 34285 US

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: VELLUCCI, TAMMY
Address: 127 TAMPA AVE EAST
City-St-Zip: VENICE, FL 34285 US

Title: MGRM () Delete
Name: CELLUCCI, ANTHONY III
Address: 127 TAMPA AVE EAST
City-St-Zip: VENICE, FL 34285 US

Title: MGRM () Delete
Name: CELLUCCI, JOSEPH
Address: 127 TAMPA AVE EAST
City-St-Zip: VENICE, FL 34285 US

Title: MGRM () Delete
Name: CLARK, JOSHUA
Address: 127 TAMPA AVE EAST
City-St-Zip: VENICE, FL 34285 US

Title: MGRM () Delete
Name: VELLUCCI, GLORIA
Address: 127 TAMPA AVE EAST
City-St-Zip: VENICE, FL 34285 US

Title: MGRM () Delete
Name: VELLUCCI, ANTHONY SR
Address: 127 TAMPA AVE EAST
City-St-Zip: VENICE, FL 34285 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: VELLUCCI, ANTHONY III
Address: 127 TAMPA AVE EAST
City-St-Zip: VENICE, FL 34285 US

Title: MGRM (X) Change () Addition
Name: VELLUCCI, JOSEPH
Address: 127 TAMPA AVE EAST
City-St-Zip: VENICE, FL 34285 US

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: TAMMY VELLUCCI

P

05/02/2007

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