

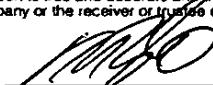


FILED
May 30, 2008 8:00 am
Secretary of State

05-21-2008 90206 050 ***138.75
04-23-2008 90122 035 ***174.26

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000111701			
1. Entity Name THE MICHAELANGELO GROUP LLC			
Principal Place of Business 27010 ENCLAVE DRIVE BONITA SPRINGS, FL 34134		Mailing Address 27010 ENCLAVE DRIVE BONITA SPRINGS, FL 34134	
2. Principal Place of Business - No P.O. Box # 27541 Riverbank Drive		3. Mailing Address 27541 Riverbank Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bonita Springs, FL		City & State Bonita Springs, FL	
Zip 34134		Zip 34134	
Country USA		Country USA	
4. FEI Number 26-1365892		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DELL'ANGELO, MICHAEL 27010 ENCLAVE DRIVE BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name Michael Dell'Angelo Street Address (P.O. Box Number is Not Acceptable) 27541 Riverbank Drive City Bonita Springs FL Zip Code 34134	
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  (NOTE: Registered Agent signature required when reappointing) DATE 5-27-08			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR DELL'ANGELO, MICHAEL 27010 ENCLAVE DRIVE BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE 5-27-08 239-207 5666 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			