

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031753

Entity Name: MAZZARO REALTY, LLC

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

825 E. LAKESHORE BLVD.
KISSIMMEE, FL 34744

New Principal Place of Business:

1100 GRAPE AVENUE
ST. CLOUD, FL 34769

Current Mailing Address:

825 E. LAKESHORE BLVD.
KISSIMMEE, FL 34744

New Mailing Address:

1100 GRAPE AVENUE
ST. CLOUD, FL 34769

FEI Number: 26-2937515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRINSON, HAYNES E
104 N. CHURCH STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

MARK, BRIAN M
104 N. CHURCH STREET
KISSIMMEE, FL 34741 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: BRIAN M. MARK

01/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAZZARO, NINO
Address: 825 E. LAKESHORE BLVD.
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM () Delete
Name: MAZZARO, GINO
Address: 825 E. LAKESHORE BLVD.
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAZZARO, NINO
Address: 1100 GRAPE AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: MGRM (X) Change () Addition
Name: MAZZARO, GINO
Address: 1100 GRAPE AVENUE
City-St-Zip: ST. CLOUD, FL 34769

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: NINO MAZZARO

MGRM

01/29/2009

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