

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054118

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: TAVANELLO PROPERTIES, LLC

**Current Principal Place of Business:**

23409 PINE LAKE STREET  
LAND O'LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

23409 PINE LAKE STREET  
LAND O'LAKES, FL 34639

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

ST. JEAN, DONNA L  
23409 PINE LAKE STREET  
LAND O'LAKES, FL 34639      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:                      MGRM                      ( ) Delete  
Name:                      DONOVAN, DANIEL E  
Address:                      27348 HOLLYBROOK TRAIL  
City-St-Zip:                      WESLEY CHAPEL, FL 33544

Title:                      MGRM                      ( ) Delete  
Name:                      CINCOTTA, LAWRENCE  
Address:                      23409 PINE LAKE STREET  
City-St-Zip:                      LAND O'LAKES, FL 34639

Title:                      MGRM                      ( ) Delete  
Name:                      CAPPIELLO, MICHAEL P JR.  
Address:                      4327 BAYSIDE VILLAGE DRIVE, SUITE 201  
City-St-Zip:                      TAMPA, FL 33615

**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: LAWRENCE CINCOTTA                      MGRM                      04/29/2009

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