2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# L08000090966

Entity Name: ALBANITO INVESTMENTS, LLC

Current Principal Place of Business:

1012 NW 33RD PL
CAPE CORAL, FL 33993

New Principal Place of Business:

Current Mailing Address:

P O BOX 397
MATLACHA, FL 33993

New Mailing Address:

FEI Number: 26-3431061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

ALBANITO, KEITH T
1012 NW 33RD PL
CAPE CORAL, FL 33993 US

Name and Address of New Registered Agent:

ALBANITO, BRANDON T
1012 NW 33RD PL
CAPE CORAL, FL 33993 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: BRANDON ALBANITO 06/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALBANITO, BRANDON T
Address: 1012 NW 33RD PL
City-St-Zip: CAPE CORAL, FL 33993

Title: MGRM ( ) Delete
Name: ALBANITO, KEITH T
Address: 1012 NW 33RD PL
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: ALBANITO, THOMAS K
Address: 1012 NW 33RD PL
City-St-Zip: CAPE CORAL, FL 33993

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: BRANDON ALBANITO CEO 06/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date