




**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90375 010 ****50.00

DOCUMENT # L98000002343 1. Entity Name GIUNTA I, L.L.C.					
Principal Place of Business 4905 W. LAUREL ST., STE 200 TAMPA, FL 33607			Mailing Address 4905 W. LAUREL ST., STE 200 TAMPA, FL 33607		
2. Principal Place of Business 2727 W. Martin Luther King Blvd # 765 Suite, Apt. #, etc. BLVD # 765 City & State Tampa, FL Zip 33607		3. Mailing Address 2727 W. Martin Luther King Blvd # 765 Suite, Apt. #, etc. BLVD # 765 City & State Tampa, FL Zip 33607			
Country USA		Country USA		03032005 Chg-LLC CR2E083 (10/03) 4. FEI Number 59-3541969	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GIUNTA, GRACE 4905 W. LAUREL ST., STE 200 TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Grace Giunta Street Address (P.O. Box Number is Not Acceptable) 2727 W. Martin Luther King Blvd # 765 City Tampa FL Zip Code 33607		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIUNTA DEVELOPMENT, INC. 4905 W. LAUREL ST., STE 200 TAMPA, FL 33607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Giunta Development, Inc. 2727 W. Martin Luther King Blvd # 765 Tampa, FL 33607 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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:  CRA			4-27-05 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		