



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 27 AM 8:59

DOCUMENT # L98000002343					
1. Entity Name GIUNTA I, L.L.C.					
Principal Place of Business 2728 WEST MARTIN LUTHER KING BOULEVARD SUITE 765 TAMPA, FL 33607 US			Mailing Address 2728 WEST MARTIN LUTHER KING BOULEVARD SUITE 765 TAMPA, FL 33607 US		
2. Principal Place of Business <i>4003 E. Fowler</i>		3. Mailing Address <i>4003 E. Fowler</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02032006 Chg-LLC CR2E083 (11/05)	
City & State <i>TAMPA FL.</i>		City & State <i>TAMPA, FL</i>		4. FEI Number 59-3541969	
Zip <i>33617</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  GIUNTA, GRACE 2728 WEST MARTIN LUTHER KING BOULEVARD SUITE 765 TAMPA, FL 33607			7. Name and Address of New Registered Agent Name <i>Giunta, Grace</i> Street Address (P.O. Box Number is Not Acceptable) <i>4003 E. Fowler</i> City <i>TAMPA</i> FL Zip Code <i>33617</i>		
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, 2006		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. 2728 W MARTIN LUTHER KING BLVD SUITE 765 TAMPA, FL 33607	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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 <i>Andrew Nelson</i> <i>3/22/06</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					