2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90067 008 ****50.00

DOCUMENT # L99000004217

1. Entity Name
DONNINI MANAGEMENT COMPANY LLC

Principal Place of Business	Mailing Address
~~9250 HIGHWAY ALT A1A~~ ~~LAKER PARK, FL 33403-2~~	9250 HIGHWAY ALT A1A LAKER PARK, FL 33403-2

04142006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
3501 SW Corporate Pkwy Suite, Apt. #, etc.	3501 SW Corporate Pkwy Suite, Apt. #, etc.
City & State: Palm City, FL	City & State: Palm City, FL
Zip: 34990 Country: USA	Zip: 34990 Country: USA

4. FEI Number: 65-0935467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DONNINI, GERALD J
~~9250 HIGHWAY ALT A1A~~
~~LAKE PARK, FL 33403~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 3501 SW Corporate Pkwy

City: Palm City FL Zip Code: 34990

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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	MGRM DONNINI, GERALD J ~~9250 HWY ALT A1A~~ ~~LAKE PARK, FL~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3501 SW Corporate Pkwy Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONNINI, JAMES T ~~9250 HWY ALT A1A~~ ~~LAKE PARK, FL~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3501 SW Corporate Pkwy Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/27/06 772-288-0454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Gerald J. Donnini