2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #1 99000004420



FILED Mar 19, 2007 8:00 am Secretary of State

Daytime Phone #

1. Entity Name SAN GENNARO, L.L.C.							03-19-2007	90467 0	007 ****50	0.00
Principal Place of Business 2843 S BAYSHORE DRIVE #3C MIAMI, FL 33133			Mailing Address SHUTTS BOWEN ATTN: TIM 201 S BISCAYNE BLVD #1600 MIAMI, FL 33131			I ISBKON DID	ABIIN ABIIA NNIMA NNIMA NNIMA	il Bann Barik Di	EN ENGED KIDIK DE	10 61 fil 1031
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03092007	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State		4. FEI Numbe NOT AP	r PLICABLE			plied For at Applicable	
Zip Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent					i	7. Name and	Address of New R	egistered /	Agent	
SIGNORIN					Name					
2843 S BAYSHORE DRIVE #3C MIAMI, FL 33133					Street Address (P.O. Box Number is Not Acceptable)					
					City				Zip Code	
The above named entity submits this statement for the purpose of changing its register.					ļ					
	named entity tions of registe		the purpose of changing its	register	ed office or regisi	tered agent, or both	n, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTI	E: Registere	d Agent signatura requi	red when reinstating)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2007						1				
Fi De	iling Fee i ue by May	ls \$50.00 y 1, 2007						-	ayable to ent of State	6
Fi Do	iling Fee I ue by May	Is \$50.00 y 1, 2007 MANAGING MEMBER	RS/MANAGERS	10.				Departm	ent of State	9
9. TITLE	MGR	MANAGING MEMBER	RS/MANAGERS	TITL			Florida	Departm	ent of State	Addition
9.	MGR SIGNORII	MANAGING MEMBER NI, MARIO		TITL!	E		Florida	Departm	ent of State	
9. TITLE NAME	MGR SIGNORII	MANAGING MEMBER NI, MARIO AYSHORE DRIVE #3C		TITLI NAM STRE			Florida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS	MGR SIGNORIN 2843 S BA	MANAGING MEMBER NI, MARIO AYSHORE DRIVE #3C		TITLI NAM STRE	EET ADDRESS -ST-ZIP		Florida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR SIGNORIN 2843 S BA	MANAGING MEMBER NI, MARIO AYSHORE DRIVE #3C	□ Delete	TITLI NAM STRE CITY TITLI NAM	E EET ADDRESS -ST-ZIP E		Florida	Departm	Change	Addition
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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.