## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOSEPH Livid Parisi, As Authorized Representative

## FILED Apr 10, 2007 8:00 am Secretary of State

Daytime Phone #

							o4-10-2007 90079 008 ****50.00			
DOCUMENT # L9900006142  1. Entity Name RAFFINATI, L.L.C.						- ~	· • • • • • • • • • • • • • • • • • • •	50.0	,	
Principal Place	e of Busines	s	Mailing Address		<del></del>					
3200 TAMIAMI TRAIL N., SUITE 200 3200 TAMIAMI TRAIL N., NAPLES, FL 34103 NAPLES, FL 34103				ł., Suite	200					
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2. Principal P	face of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052007	Chg-LLC	CR2E083 (12/06)		
City & State			City & State		4. FEI Number 59-3605		<del>  -   -  </del>	oplied For ot Applicable		
Zip	Zip Country		Zip	Country		l	of Status Desired	55.00 Add		
	6. Name	and Address of Current I	Registered Agent	<u> </u>	7. Name and	Address of New R	egistered Agent			
	DD 1440	47.1			Name					
WOODWARD, MARK J   3200 TAMIAMI TRAIL N., SUITE 200   NAPLES. FL 34103					Street Address (P.O. Box Number is Not Acceptable)					
	NAPLES, FL 34103									
					City			FL Zip Cod	в 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 acc the obligations of registered agent.									and accept	
SIGNATURE .	Signature typed	d or printed name of registered agent a	and title if a profice the (NOT)	F: Registere	d Agent signature required	Twhen remelation)		DATE		
<u></u>			T	-		T	<del></del>			
Filing Fee Is \$50.00 Due by May 1, 2007							e check payable to Department of Stat	e .		
9.										
•		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
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