

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -4 PM 5:00

The seal of the State of Florida is a circular emblem. It features a central figure of a person standing on a small island, holding a bow and arrow. The figure is surrounded by a wreath. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

CONTESSA MONTICINO, LLC

Mailing Address
50 W. LIBERTY STREET. STE 650
RENO NV 89501

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name RICHARD W. BAKER

Street Address (P.O. Box Number is Not Acceptable)
2535 Sycamore Drive

City Odessa

FL	Zip Code 33556
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SIGNATURE B. W. Baker, Manager

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE 7/1/80

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

10.	ADDITIONS/CHANGES
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST. ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	800015297298		
CITY-ST-ZIP	04714-7131 0108-3004 0108		

TITLE	MGR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Celia H. Bachman		
STREET ADDRESS	3600 Commerce Blvd.		
CITY-ST-ZIP	Kissimmee, FL 34741		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

[illegible]