

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 23, 2008 08:00 AM
Secretary of State**

DOCUMENT # M05000000600

**1. Entity Name
PIGLIA FLORIDA PARTNERS, LLC**



**Principal Place of Business
4880 HUDSON DRIVE
STOW, OH 44224**

**Mailing Address
4880 HUDSON DRIVE
STOW, OH 44224**



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
16-1714046**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PIGLIA, JOSEPH R
606 94TH AVE NORTH
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**U00000792244
01/23/08-80108-009 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIGLIA, PETER J 4880 HUDSON DRIVE STOW, OH 44224
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IN THIS SPACE**

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:

Peter J. Piglia

1/15/08

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

Date

Daytime Phone #