

8008

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90054 042 \*\*\*\*50.00  
03-03-2008 90403 004 \*\*\*\*93.75

**DOCUMENT # M05000001735**

1. Entity Name  
**GIULIANO FLORIDA REALTY DEVELOPMENT GROUP, LLC**



Principal Place of Business  
**763 TYLER DRIVE  
SARASOTA, FL 34232-0300**

Mailing Address  
**892 SECOND STREET PIKE  
RICHBORO, PA 18954**



01062007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**81-0666232**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIULIANO, JEROME  
763 TYLER DRIVE  
SARASOTA, FL 34232-0300**

**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 renewing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GIULIANO, JEROME  
2774 SUGAN ROAD  
SOLEBURY, PA 18938**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GIULIANO, DIANE  
2774 SUGAN ROAD  
SOLEBURY, PA 18938**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

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

Date

Daytime Phone #

*Jerome Giuliano*

1/8/08