

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071597

Entity Name: VIVA VINO, LLC

FILED  
Mar 06, 2007  
Secretary of State

## Current Principal Place of Business:

4901 VINELAND ROAD, STE 270  
ORLANDO, FL 32811

## New Principal Place of Business:

## Current Mailing Address:

4901 VINELAND ROAD, STE 270  
ORLANDO, FL 32811

## New Mailing Address:

FEI Number: 20-1698554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SENIOR, MIGUEL  
4901 VINELAND ROAD, STE 270  
ORLANDO, FL 32811 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CARVALLO, WALTER  
Address: 7624 BAY PORT ROAD  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM ( ) Delete  
Name: DELFINO, DOMINGO  
Address: 7624 BAY PORT ROAD  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Delete  
Name: SENIOR, MIGUEL  
Address: 4901 VINELAND ROAD, STE 270  
City-St-Zip: ORLANDO, FL 32811

Title: MGRM (X) Delete  
Name: SENIOR, JORGE  
Address: 4901 VINELAND ROAD, STE 270  
City-St-Zip: ORLANDO, FL 32811

Title: MGRM ( ) Delete  
Name: USON, MARIA JOSE  
Address: 5580 NW 107 AVENUE, UNIT 1207  
City-St-Zip: MIAMI, FL 33178

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CARVALLO, WALTER  
Address: 6113 LAKE BURDEN VIEW DR  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM (X) Change ( ) Addition  
Name: DELFINO, DOMINGO  
Address: 6125 LAKE BURDEN VIEW DR  
City-St-Zip: WINDERMERE, FL 34786

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOMINGO DELFINO

MGRM

03/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date