


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16 2007 08:00 AM
Secretary of State

DOCUMENT # L01000001779 1. Entity Name CAVUOTO ENTERPRISES, LLC	
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Principal Place of Business 4888 POND APPLE DRIVE NORTH NAPLES, FL 34119	Mailing Address 4888 POND APPLE DRIVE NORTH NAPLES, FL 34119
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02022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1071778	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WOLLMAN, EDWARD E 5129 CASTELLO DR. #1 NAPLES, FL 34103

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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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

000000638471
02/27/07-80031-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAVUOTO, DOMINICK 4888 POND APPLE DRIVE NORTH NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAVUOTO, RITA MARIE 4888 POND APPLE DRIVE NORTH NAPLES, FL 34119
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Rita M. Cavuoto, MGRM* **2/14/07** **592 1946**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #