



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L02000014078 | |  |
| 1. Entity Name CEFALO'S WINE CELLAR, LLC | | |
| Principal Place of Business 8867 SW 132ND STREET MIAMI, FL 33176 | | Mailing Address 8867 SW 132ND STREET MIAMI, FL 33176 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent GUTTER JOSEPH & RUFFIN 2101 CORPORATE BLVD 107 BOCA RATON, FL 33431 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CEFALO, JAMES C 8867 SW 132ND STREET MIAMI, FL 33176 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BLEWITT, RICHARD F 8867 SW 132ND STREET MIAMI, FL 33176 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | Date: 4/15/06 <small>Daytime Phone #</small> |



02132006No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 01-0726593 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

U00000546669
05/11/06-80125-007 50.00

**DO NOT WRITE
IN THIS SPACE**