



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

04-16-2004 90410 005 ****50.00

DOCUMENT # L03000000723 1. Entity Name DONATELLO'S TRATTORIA, LLC					
Principal Place of Business 478 STATE ROAD 434 ALTAMONTE SPRINGS, FL 32714			Mailing Address 478 STATE ROAD 434 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 7325 ALOHA AVENUE Suite, Apt. #, etc.		3. Mailing Address 7325 ALOHA AVENUE Suite, Apt. #, etc.			
City & State WINTER PARK, FL		City & State WINTER PARK, FL		4. FEI Number 02-0668796	
Zip 32792		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INTERNATIONAL MANAGEMENT & EXECUTIVE SVCS 500 N. MAITLAND AVENUE, SUITE 215 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABBINANTI, FRANK SR 1842 KINGS POINT DRIVE N. ADDISON, IL 60101 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				Date 4/24/04 Daytime Phone # 407-657-0101	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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