

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016525

FILED
Apr 24, 2008
Secretary of State

Entity Name: SAN GELATO AT THE BEACH, LLC

Current Principal Place of Business:

236 MIRACLE STRIP PKWY. S.E.
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

1450 MIRACLE STRIP PKWY.
FORT WALTON BEACH, FL 32548

Current Mailing Address:

236 MIRACLE STRIP PKWY. S.E.
FORT WALTON BEACH, FL 32548

New Mailing Address:

1785 FIM BLVD.
FORT WALTON BEACH, FL 32547

FEI Number: 20-0020970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILPATRICK, WILLIAM G JR.
35008 EMERALD COAST PKWY., STE. 203
DESTIN, FL 32541 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: MGR () Delete
Name: TREMOLINI, GUIDO
Address: 236 MIRACLE STRIP PKWY. S.E.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TREMOLINI, GUIDO
Address: 1785 FIM BLVD.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Change (X) Addition
Name: FARONI, SIMONA
Address: 1785 FIM BLVD.
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify 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: SIMONA FARONI

MGRM

04/24/2008

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