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Secretary of State

02-02-2005 90157 021 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000041189

1. Entity Name
CAFFE' DELL 'AMORE, LLC

30001282

Principal Place of Business	Mailing Address
5811 PELICAN BAY BLVD. SUITE #201 NAPLES, FL 34108 US	5811 PELICAN BAY BLVD. SUITE #201 NAPLES, FL 34108 US

01242005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1400 GULFSHORE BLVD N	1400 GULFSHORE BLVD
Suite, Apt. #, etc.: STE 154	Suite, Apt. #, etc.: STE 154
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34102 Country: US	Zip: 34102 Country: US

4. FEI Number: 55-0870875 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUSTIN, ARLENE F 5811 PELICAN BAY BLVD. SUITE #201 NAPLES, FL 34108	Name: LEE, KELLY Street Address (P.O. Box Number is Not Acceptable): 3030 BINNACLE DR, APT 305 City: NAPLES FL Zip Code: 34103

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: Kelly Lee 3.5.05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TRIPPUTI, FABIO 5811 PELICAN BAY BLVD., SUITE 201 NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FABIO, TRIPPUTI 3030 BINNACLE DR, APT 305 NAPLE, FL 34103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LEE, KELLY 5811 PELICAN BAY BLVD., SUITE 201 NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LEE, KELLY 3030 BINNACLE, DR, APT 305 NAPLES, FL 34103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Kelly Lee 3.5.05 239.261.1389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #