

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90119 032 ****50.00

DOCUMENT # L04000062476 1. Entity Name LUNA'S ITALIAN FOOD, LLC					
Principal Place of Business 1122 THOMASVILLE ROAD SUITE 4 TALLAHASSEE, FL 32303 US			Mailing Address P.O. BOX 14731 TALLAHASSEE, FL 32317		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RICCIARDELLI, MARY 2626 E. PARK AVENUE #5105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name <u>RICCIARDELLI, MARY</u> Street Address (P.O. Box Number is Not Acceptable) <u>1122 THOMASVILLE RD, #4</u> City <u>TALLAHASSEE</u> FL Zip Code <u>32303</u>	
4. FEI Number 20-1634413 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
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) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICCIARDELLI, MARY 2626 E. PARK AVENUE #5105 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>1122 Thomasville Rd, #4</u> <u>Tallahassee, FL 32303</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICCIARDELLI, RENATO 2626 E. PARK AVENUE #5105 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>1122 Thomasville Rd, #4</u> <u>Tallahassee, FL 32303</u> <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	
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	
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: <u>Mary Ricciardelli</u> MARY RICCIARDELLI - MGRM 7-5-06 850-421-5862 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



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