



04/29/2005 09:19 850-482-6019

GRIMSLEY CAI

FILED
May 31, 2005 8:00 am
Secretary of State

05-03-2005 90018 007 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000073662			
1. Entity Name FONTICIELLA, LLC			
Principal Place of Business 619 WEST GROVE STREET EL DORADO, AR 71730		Mailing Address 619 WEST GROVE STREET EL DORADO, AR 71730	
2. Principal Place of Business Subs, Apt. #, etc.		3. Mailing Address Subs, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04292005 Chg-LLC		CR2E080 (10/03)	
4. FEEL Number 201850737		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMARGYA, MILAN 123 NORTH APOPKA AVENUE INVERNESS, FL 34450		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 relinquish g)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
8. MANAGING MEMBERS / MANAGERS		9. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FONTICIELLA, ALDO V 619 WEST GROVE STREET EL DORADO, FL 71730 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.			
SIGNATURE: 		4/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Day/Mo/Year	

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