


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000073662  
 1. Entity Name  
 FONTICIELLA, LLC



Principal Place of Business 619 WEST GROVE STREET EL DORADO, FL 71730	Mailing Address 619 WEST GROVE STREET EL DORADO, FL 71730
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03232006 No Chg-LLC CR2E083 (11/05)

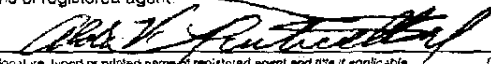
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1852737	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

**DO NOT WRITE IN THIS SPACE**

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: 3/27/06  
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

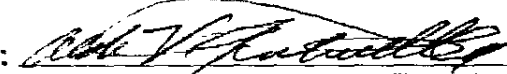
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FONTICIELLA, ALDO V 619 WEST GROVE STREET EL DORADO, FL 71730
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U00000490335  
 04/18/06-80052-013 50.00

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 3/27/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE