

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000023408</b>	
1. Entity Name UNA FAMIGLIA, LLC	
Principal Place of Business 1705 E. BROWARD BLVD. FT. LAUDERDALE, FL 33301	Mailing Address 1705 E. BROWARD BLVD. FT. LAUDERDALE, FL 33301



02012007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2488481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  LORUSSO, JOSEPH J 4835 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  (NOTE: Registered Agent signature required when restate) DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LORUSSO, JOSEPH J 4835 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LORUSSO, FRANK M 3 BEACH COVE BRIGANTINE, NJ 08203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIAMMARCO, MARIO J 10 LEEDS STREET STATEN ISLAND, NY 10306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENTILUOMO, FRANK 603 KEY ROYAL DRIVE HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000643462  
03/02/07-80003-007 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:**  **2/16/07 917-248-2601**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #