

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030365

Entity Name: CAVALLARI GOURMET, LLC

FILED  
Jul 16, 2007  
Secretary of State

## Current Principal Place of Business:

1954 W. SR 426  
1166  
OVIEDO, FL 32765 US

## New Principal Place of Business:

## Current Mailing Address:

1954 W SR 426  
1166  
OVIEDO, FL 32765 US

## New Mailing Address:

PO BOX 5771  
WINTER PARK, FL 32793 US

FEI Number: 20-2663912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

KARL A. BURGUNDER, ATTORNEY AT LAW, P.L.  
830 EYRIE DR.  
6C  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GAUDETTE, JOHN  
Address: 2454 WESTMINSTER TERRACE  
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM ( ) Delete  
Name: HARLEY, TRENT  
Address: P.O. BOX 5771  
City-St-Zip: WINTER PARK, FL 32793 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TRENT HARLEY

CEO

07/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date