

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055453

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** TRATTORIA FAMIGLIA, LLC

**Current Principal Place of Business:**

205 SOUTH HOOVER BLVD.  
SUITE 100  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

205 SOUTH HOOVER BLVD.  
SUITE 101  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 20-2976658      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

CECCARELLI, JANET  
205 SOUTH HOOVER BLVD.  
SUITE 101  
TAMPA, FL 33609 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: MGR ( ) Delete  
Name: CECCARELLI, JANET  
Address: 205 SOUTH HOOVER BLVD.  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JANET CECCARELLI      MGR      04/26/2006

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