2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000074494

Entity Name: GELATO VACCARO LLC

Current Principal Place of Business:

2098 SW TROPICAL TERRACE
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

2098 SW TROPICAL TERRACE
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 20-3271626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VACCARO, CARMEN J MR.
2098 SW TROPICAL TERRACE
PORT ST. LUCIE, FL 34963 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:	VACCARO, CARMEN J MR.	
Address:	2098 SW TROPICAL TERRACE	
City-St-Zip:	PORT ST. LUCIE, FL 34953 US	
Title:	MGRM	( ) Delete
Name:	VACCARO, BRENDA S	
Address:	1743 SW LEAFY ROAD	
City-St-Zip:	PORT ST. LUCIE, FL 34953 US	
Title:	MGR	( ) Delete
Name:	POLIZZI, STEVE	
Address:	1743 SW LEAFY ROAD	
City-St-Zip:	PORT ST. LUCIE, FL 34953 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: CARMEN VACCARO MGRM 04/28/2006

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