

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077207

FILED
Apr 25, 2007
Secretary of State

Entity Name: CALLA DI LUNA, LLC

Current Principal Place of Business:

1320 ABINGTON CAMBS DR.
LAKE FOREST, IL 60045

New Principal Place of Business:

2010 BURNT STORE
CAPE CORAL, FL 33904

Current Mailing Address:

1320 ABINGTON CAMBS DR.
LAKE FOREST, IL 60045

New Mailing Address:

FEI Number: 20-3294795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YASHKO, MICHAEL S
R&A AGENTS, INC.
2320 FIRST STREET
FORT MYERS, FL 33901 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: CIRRINCIONE, THOMAS
Address: 1320 ABINGTON CAMBS
City-St-Zip: LAKE FOREST, IL 60045

Title: MGRM () Delete
Name: CIRRINCIONE, SAMUEL
Address: 13 SHORESIDE DRIVE
City-St-Zip: SOUTH BARRINGTON, IL 60010

Title: MGRM () Delete
Name: CIRRINCIONE, ROSE
Address: 1320 ABINGTON CAMBS
City-St-Zip: LAKE FOREST, IL 60045

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 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: THOMAS CIRRINCIONE

MGR

04/25/2007

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