

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084830

FILED
May 25, 2007
Secretary of State

Entity Name: FATTORIA L'OTTAVO INTERNATIONAL, LLC

Current Principal Place of Business:

311 AULIN AVE
STE 200
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

311 AULIN AVE
STE 200
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 02-0802629 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:

REED, PAOLA
311 AULIN AVE
STE 200
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: DP () Delete
Name: REED, PAOLA
Address: 311 AULIN AVE STE 200
City-St-Zip: OVIEDO, FL 32765 US

Title: ST () Delete
Name: TRAMONTI, ERNESTO
Address: 311 AULIN AVE STE 200
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: VP () Change (X) Addition
Name: TRAMONTI, ROBERTO
Address: 311 AULIN AVE STE 200
City-St-Zip: OVIEDO, FL 32765

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: PAOLA REED

DP

05/25/2007

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