

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096992

FILED
Apr 26, 2006
Secretary of State

Entity Name: CATALFAMO, EATON, & DELISI, LLC

Current Principal Place of Business:

2000 PGA BLVD
SUITE 3206
PALM BEACH GARDENS, FL 33408

New Principal Place of Business:

Current Mailing Address:

C/O 107 NEWBRIDGE ROAD
HICKSVILLE, NY 11801

New Mailing Address:

FEI Number: 20-3567626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATALFAMO, JOHN A
11630 US HIGHWAY ONE
SUITE 2
NORTH PALM BEACH, FL 33408 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: VITIS VINIFERA HOLDI, NGS, INC.
Address: 11630 US HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM () Delete
Name: CATALFAMO, JOHN A
Address: 2000 PGA BLVD SUITE 3206
City-St-Zip: PALM BEACH GARDENS, FL 33408

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: MGRM () Change (X) Addition
Name: EATON, RAYMOND L
Address: 107 NEWBRIDGE ROAD
City-St-Zip: HICKSVILLE, NY 11801

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: RAYMOND L. EATON

MGRM

04/26/2006

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