


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000107539	
1. Entity Name CATALDO'S DELI, LLC	

Principal Place of Business 11413 SAN JOSE BLVD. JACKSONVILLE, FL 32223 US	Mailing Address 601 SHORES BLVD ST. AUGUSTINE, FL 32086 US
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DO NOT WRITE IN THIS SPACE



03112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3743652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NOWETNER, DOROTHY A
601 SHORES BLVD
ST. AUGUSTINE, FL 32086**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOWETNER, DOROTHY A 601 SHORES BLVD ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOWETNER, RICHARD A 601 SHORES BLVD ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CATALDO, MARIA 2069 WILDWOOD LANE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CATALDO, DEREK 2069 WILDWOOD LANE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/23/07-80068-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Dorothy A Nowetner* **DOROTHY A NOWETNER** **3/11/07** **904-797-0199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #