

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90180 013 ***138.75

DOCUMENT # L06000046724 1. Entity Name GELATO GROTTO, LLC			
Principal Place of Business 9121 NORTH MILITARY TRAIL STE 107 PALM BEACH GARDENS, FL 33410		Mailing Address 9121 NORTH MILITARY TRAIL STE 107 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business - No P.O. Box # 11300 LEGACY AVENUE Suite, Apt. #, etc. SUITE 100		3. Mailing Address 11300 LEGACY AVE Suite, Apt. #, etc. SUITE 100	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33410	Country USA	Zip 33410	Country USA
4. FEI Number 20-5079715		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ECKHAUS, JAY E ESQ 9121 NORTH MILITARY TRAIL STE 107 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name JUNE M. SPUNBERG Street Address (P.O. Box Number is Not Acceptable) 39 ST. GEORGE PLACE City PALM BEACH GARDENS FL Zip Code 33418	
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 <u><i>June M Spunberg</i></u> DATE <u>4/8/08</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SADLER, DIEGO 2709 TECUMESH DRIVE WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPUNBERG, JEROME J 39 ST GEORGE PL PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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: <u><i>June M Spunberg</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/8/08</u> Daytime Phone # <u>(561) 882-7100</u>	