2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# L07000010577

Entity Name: CINQUE FIGLIE, LLC

Current Principal Place of Business:

712 OCEAN DUNES CIRCLE
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

712 OCEAN DUNES CIRCLE
JUPITER, FL 33477

New Mailing Address:

FEI Number: 80-0154534 **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:

KEEFER, JODI
712 OCEAN DUNES CIRCLE
JUPITER, FL 33477 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:	GENTILE, LESLIE	
Address:	54 LAKEVIEW AVE	
City-St-Zip:	FLORHAM PARK, NJ 07932	
Title:	MGRM	( ) Delete
Name:	CUNNIGHAM, DONNA	
Address:	4 SUTTON PL	
City-St-Zip:	FLORHAM PARK, NJ 07932	
Title:	MGRM	( ) Delete
Name:	BAUDEN, PATRICIA	
Address:	22 KENNEDTH CT	
City-St-Zip:	FLORHAM PARK, NJ 07932	
Title:	MGRM	( ) Delete
Name:	KEEFER, JUDI	
Address:	712 OCEAN DUNES CIR	
City-St-Zip:	JUPITER, FL 33477	
Title:	MGRM	( ) Delete
Name:	DESANTIS, MELANIE	
Address:	1 WITHERSPOON CT	
City-St-Zip:	MORRISTOWN, NJ 07960	

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:	
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: LESLIE GENTILE MGRM 05/02/2009

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