

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068719

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: PADANIA WINES FL, LLC

**Current Principal Place of Business:**

90 SW 8TH STREET, SUITE 207  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

90 SW 8TH STREET, SUITE 207  
MIAMI, FL 33130

**New Mailing Address:**

FEI Number: 20-5524130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLILLO, GIOVANNI  
90 SW 8TH STREET, SUITE 207  
MIAMI, FL 33130 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: MGR ( ) Delete  
Name: ROMANI, PLETRO  
Address: 47-25 40TH STREET, APARTMENT 2H  
City-St-Zip: SUNNYSIDE, NY 11104

Title: MGR ( ) Delete  
Name: POLILLO, GIOVANNIE  
Address: 240 EAST 76TH STREET, APARTMENT 9B  
City-St-Zip: NEW YORK, NY 10021

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROMANI, PIETRO  
Address: 47-25 40TH STREET, APARTMENT 2H  
City-St-Zip: SUNNYSIDE, NY 11104

Title: MGR (X) Change ( ) Addition  
Name: POLILLO, GIOVANNI  
Address: 2222 BRICKELL AVENUE, APT 204  
City-St-Zip: MIAMI, FL 33129

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: GIOVANNI POLILLO

MGR

04/28/2008

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