

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108702

**FILED**  
**Feb 16, 2009**  
**Secretary of State**

**Entity Name:** FATTORIA DI MONTECCHIO LLC

**Current Principal Place of Business:**

11801 US HWY ONE  
N PALM BEACH, FL 33408

**New Principal Place of Business:**

11801 U.S. HIGHWAY ONE  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

11801 US HWY ONE  
N PALM BEACH, FL 33408

**New Mailing Address:**

11801 U.S. HIGHWAY ONE  
NORTH PALM BEACH, FL 33408

**FEI Number:** 56-2205951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CATANZARO, CHRISTOPHER  
13468 WILLIAM MEYERS CT  
PALM BEACH GARDENS, FL 33410 US

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

CATANZARO, CHRISTOPHER  
13468 WILLIAM MEYERS COURT  
PALM BEACH GARDENS, FL 33410 US

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: CHRISTOPHER CATANZARO

02/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CATANZARO, CHRISTOPHER  
Address: 13468 WILLIAM MEYERS CT  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CATANZARO, CHRISTOPHER  
Address: 13468 WILLIAM MEYERS COURT  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: CHRISTOPHER CATANZARO

MGRM

02/16/2009

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