2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# M03000001679

Entity Name: CAMPIELLO, LLC

Current Principal Place of Business:

211 NORTH FIRST STREET, SUITE 175
MINNEAPOLIS, MN 55401

New Principal Place of Business:

Current Mailing Address:

211 NORTH FIRST STREET, SUITE 175
MINNEAPOLIS, MN 55401

New Mailing Address:

FEI Number: 11-3688753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D'AMICO, RICHARD
443-2ND AVE SOUTH
NAPLES, FL 34102 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:	CEO	( ) Delete
Name:	D'AMICO, RICHARD	
Address:	2035 KENWOOD PKWY	
City-St-Zip:	MINNEAPOLIS, MN 55405	
Title:	P	( ) Delete
Name:	D'AMICO, LARRY	
Address:	6484 WESTCHESTER CIR	
City-St-Zip:	MINNEAPOLIS, MN 55427	
Title:	CFOT	( ) Delete
Name:	SMITH, PAUL	
Address:	1921 DREW AVE. S.	
City-St-Zip:	MINNEAPOLIS, MN 55416	

ADDITIONS/CHANGES:

Title:	CEO	(X) Change ( ) Addition
Name:	D'AMICO, RICHARD	
Address:	2900 THOMAS AVENUE S., #2229	
City-St-Zip:	MINNEAPOLIS, MN 55416	
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: RICHARD D'AMICO CEO 04/14/2008

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