

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000485

**FILED**  
**Apr 22, 2006**  
**Secretary of State**

**Entity Name:** LO SPUNTINO TASTE OF SONOMA, LLC

**Current Principal Place of Business:**

3071 NO. ORANGE BLOSSOM TRAIL, SUITE O  
ORLANDO, FL 32804

**New Principal Place of Business:**

1016 FIRST STREET WEST  
SUITE A  
SANFORD, FL 32771

**Current Mailing Address:**

P.O. BOX 570  
VINEBERG, CA 95487

**New Mailing Address:**

PO BOX 570  
VINEBURG, CA 95487

**FEI Number:** 68-0368055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: STUDDERT, DAVID  
Address: 1055 BROADWAY, STE F-1  
City-St-Zip: SONOMA, CA 95476

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STUDDERT, DAVID  
Address: 1055 BROADWAY, STE E-2  
City-St-Zip: SONOMA, CA 95476

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID STUDDERT

MGR

04/22/2006

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