

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006764

1. Entity Name
THE GATTI GROUP, LLC



Principal Place of Business
2060 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FL 32937

Mailing Address
2060 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FL 32937



03312004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3722847

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

GATTI, WALTER J
2060 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GATTI, DAN
5545 MORNINGSIDE DRIVE
SAN JOSE, CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GATTI, ROBERT
46 GRACE LANE
OSSINING, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GATTI, WALTER
2060 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000104002
04/05/04-80079-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-1-04

321-773-3036

Date

Daytime Phone #

WALTER J. GATTI