

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2005 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



01172005No 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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

000000199062
01/27/05-80077-007 50.00

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	

**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

WALTER J. GATTI

Date

Daytime Phone #

1-19-05 321-773-3036