

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 03, 2006 08:00 A
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



07182006 No Chg-LLC

CR2E083 (11/05)

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 September 6, 2006**

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	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and 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 606, Florida Statutes

SIGNATURE: _____

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

7/25/06

Date

Daytime Phone #