

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 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



03042008 No Chg-LLC

CR2E083 (12/07)

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**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

U000000883344  
04/17/08-80020-004 138.75

**DO NOT WRITE  
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 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

3/31/08

Date

321-773-3036

Daytime Phone #