

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022245

Entity Name: SCATT INVESTMENT, LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

SHIPNET 3-1139
P.O. BOX 02-5210
MIAMI, FL 331025210

New Principal Place of Business:

2300 CORAL WAY, SUITE 201
MIAMI, FL 33145 US

Current Mailing Address:

2300 CORAL WAY, SUITE 201
MIAMI, FL 33145

New Mailing Address:

2300 CORAL WAY, SUITE 201
MIAMI, FL 33145 US

FEI Number: 46-0505164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATE PROCESS SERVICES, INC.
2300 CORAL WAY SUITE 201
MIAMI, FL 33145 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: MGRM () Delete
Name: SCATTON, SERGIO
Address: SHIPNET 3-1139 P.O. BOX 0251210
City-St-Zip: MIAMI, FL 331025210

Title: MGRM () Delete
Name: NIVES, MISSANA
Address: SHIPNET 3-1139 POB 0251210
City-St-Zip: MIAMI, FL 331025210

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCATTON, SERGIO
Address: SHIPNET 3-1139 P.O. BOX 0251210
City-St-Zip: MIAMI, FL 331025210 US

Title: MGRM (X) Change () Addition
Name: NIVES, MISSANA
Address: SHIPNET 3-1139 POB 0251210
City-St-Zip: MIAMI, FL 331025210 US

I hereby certify that the information supplied with this filing does not qualify 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: SERGIO SCATTON

MGRM

04/20/2009

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