

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000033310

1. Entity Name

102 CASA DE MARCO, L.L.C.



Principal Place of Business

1041 SOUTH COLLIER BLVD.
102 CASADE MARCO
MARCO ISLAND FL 34145

Mailing Address

34 WAREHAM CT.
SCOTCH PLAINS NJ 07076



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/05)

4. FEI Number

14-1873468

Applied For

Not Applied

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBSTER, RONALD S
985 N. COLLIER BLVD
MARCO ISLAND FL 34145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GAGLIARDI, PATRICIA S
STREET ADDRESS 34 WAREHAM CT.
CITY- ST- ZIP SCOTCH PLAINS NJ 07076

TITLE MGR ☐ Delete
NAME GAGLIARDI, VITO A
STREET ADDRESS 34 WAREHAM CT.
CITY- ST- ZIP SCOTCH PLAINS NJ 07076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS 000000412197
CITY- ST- ZIP 02/10/06-80038-006 55.00

TITLE ☐ Change ☐ Add
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CITY- ST- ZIP

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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Vito A. Gagliardi* - Vito A. Gagliardi 1/25/06 732-388-5