

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033310

Entity Name: 102 CASA DE MARCO, L.L.C.

FILED  
Jan 31, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

34 WAREHAM CT.  
SCOTCH PLAINS, NJ 07076

**New Mailing Address:**

FEI Number: 14-1873468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WEBSTER, RONALD S  
985 N. COLLIER BLVD  
MARCO ISLAND, FL 34145 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: MGR ( ) Delete  
Name: GAGLIARDI, PATRICIA S  
Address: 34 WAREHAM CT.  
City-St-Zip: SCOTCH PLAINS, NJ 07076

Title: MGR ( ) Delete  
Name: GAGLIARDI, VITO A  
Address: 34 WAREHAM CT.  
City-St-Zip: SCOTCH PLAINS, NJ 07076

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GAGLIARDI, PATRICIA S  
Address: 34 WAREHAM CT.  
City-St-Zip: SCOTCH PLAINS, NJ 07076

Title: MGR (X) Change ( ) Addition  
Name: GAGLIARDI, VITO A  
Address: 34 WAREHAM CT.  
City-St-Zip: SCOTCH PLAINS, NJ 07076

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: VITO A. GAGLIARDI

MGR

01/31/2009

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