


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90038 015 ****55.00

DOCUMENT # L02000033310
1. Entity Name
102 CASA DE MARCO, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1041 South Collier Blvd
Suite, Apt. #, etc. 102 Casa de Marco
City & State Marco Island FL
Zip 34145 Country Collier

3. Mailing Address
34 Wareham Court
Suite, Apt. #, etc.
City & State Scotch Plains NJ
Zip 07076 Country NJ

4. FEI Number 14-1873468 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Ronald S. Webster
Street Address (P.O. Box Number is Not Acceptable) 985 N. Collier Blvd
City Marco Island FL Zip Code 34145

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Vito A. Gagliardi 34 Wareham Ct Scotch Plains, NJ 07076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mario C. Gagliardi 34 Wareham Ct Scotch Plains, NJ 07076
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Vito A. Gagliardi Vito A. Gagliardi 4/10/03 732-388-5259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)