

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90288 046 ****50.00

DOCUMENT # L02000035201

1. Entity Name
SCAGLIONE PROPERTIES, LLC



Principal Place of Business
 218 EAST BEARS AVE SUITE 409
 TAMPA, FL 33613

Mailing Address
 218 EAST BEARS AVE SUITE 409
 TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE



03092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4240200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCAGLIONE, RONALD E
 218 EAST BEARSS AVE # 409
 TAMPA, FL 33613

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

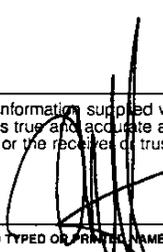
**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASIL N. SCAGLIONE LIVING TRUST 218 EAST BEARSS AVE # 409 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCAGLIONE, RONALD E 218 EAST BEARSS AVE # 409 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3/9/06** **813-908-2211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #