

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000009194

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Entity Name:** SCARPELLO DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

2468 ELLIJAY DRIVE  
ATLANTA, GA 30319

**New Principal Place of Business:**

1857-109 STATE ROAD 20  
HAWTHORNE, FL 32640

**Current Mailing Address:**

2468 ELLIJAY DRIVE  
ATLANTA, GA 30319

**New Mailing Address:**

P.O. BOX 2100  
HAWTHORNE, FL 32640

**FEI Number:** 76-0727771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCARPELLO, PAUL M  
P.O. BOX 2100  
HAWTHORNE, FL 32640 US

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

SCARPELLO, PAUL M  
1857-109 STATE ROAD 20  
HAWTHORNE, FL 32640 US

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: PAUL M SCARPELLO

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCARPELLO, PAUL M  
Address: 2468 ELLIJAY DRIVE  
City-St-Zip: ATLANTA, GA 30319

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCARPELLO, PAUL M  
Address: 1857-109 STATE ROAD 20  
City-St-Zip: HAWTHORNE, FL 32640

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: PAUL M SCARPELLO

PRES

04/27/2007

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