2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# L03000035806

Entity Name: SCORPIO & SCORPIO, LLC

Current Principal Place of Business:

5 SLEEPY HOLLOW LANE
GUILFORD, CT 06437

New Principal Place of Business:

Current Mailing Address:

5 SLEEPY HOLLOW LANE
GUILFORD, CT 06437

New Mailing Address:

FEI Number: 61-1458359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZICHICHI, JOSEPH P
1103 NW 58TH TERRACE
UNIT 114
SUNRISE, FL 33313 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: MGRM ( ) Delete
Name: ZICHICHI, JOSEPH P
Address: 5 SLEEPY HOLLOW LANE
City-St-Zip: GUILFORD, CT 06437

Title: MGRM ( ) Delete
Name: PUGLISI, PAUL J
Address: 460 FOUNTAIN STREET
City-St-Zip: NEW HAVEN, CT 06515

ADDITIONS/CHANGES:

Title: MR (X) Change ( ) Addition
Name: ZICHICHI, JOSEPH P
Address: 5 SLEEPY HOLLOW LANE
City-St-Zip: GUILFORD, CT 06437

Title: MR (X) Change ( ) Addition
Name: PUGLISI, PAUL J
Address: 460 FOUNTAIN STREET
City-St-Zip: NEW HAVEN, CT 06515

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH P. ZICHICHI MR. 07/06/2005

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