

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

03-22-2006 90288 048 ****50.00

DOCUMENT # L03000041251

1. Entity Name
SCAGLIONE PROPERTIES L AND R, LLC



Principal Place of Business

218 EAST BEARS AVE
SUITE 409
TAMPA, FL 33613 US

Mailing Address

218 EAST BEARS AVE
SUITE 409
TAMPA, FL 33613 US

20018703



03092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0341874

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCAGLIONE, RONALD E
218 EAST BEARSS AVE # 409
SUITE 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	MGRM
NAME	THE RONALD E. SCAGLIONE LIVING TRUST
STREET ADDRESS	218 EAST BEARSS AVE # 409
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	MGR
NAME	LAUREEN A. SCAGLIONE SPECIAL NEEDS TRUST
STREET ADDRESS	218 EAST BEARSS AVE # 409
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/9/06

Date

813-908-2211

Daytime Phone #