


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90271 006 ****50.00

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|--|---|---------------------------------|---|--|--|
| DOCUMENT # L03000053360 | | | |  | |
| 1. Entity Name ANTHONY SCALFARO, LLC | | | | | |
| Principal Place of Business 22220 FOUNTAIN LAKES BLVD., APT. 109 ESTERO, FL 33928 | | | Mailing Address 22220 FOUNTAIN LAKES BLVD., APT. 109 ESTERO, FL 33928 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 14023256 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02292004 Chg-LLC CR2E083 (10/03) | |
| City & State | | City & State | | 4. FEI Number | |
| Zip | | Zip | | 010787748 | |
| Country | | Country | | Applied For Not Applicable | |
| 34135 | | Lee | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SCALFARO, ANTHONY 22220 FOUNTAIN LAKES BLVD., APT. 109 ESTERO, FL 33928 | | | Name Street Address (P.O. Box Number is Not Acceptable) 27933 Hacienda Village Dr. #27 City Bonita Springs FL Zip Code 34135 | | |
| 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 <u>Anthony Scalp</u> DATE | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | | |
| Make check payable to Florida Department of State | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCALFARO, ANTHONY 22220 FOUNTAIN LAKES BLVD., APT. 109 ESTERO, FL 33928 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCALFARO, ANTHONY 27933 Hacienda Village Dr. Bonita Springs FL 34135 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <u>Anthony Scalp</u> 3-5-04 1239565-5857 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |