

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064851

FILED
Mar 02, 2006
Secretary of State

Entity Name: PAUL GATTO ENTERPRISES, LLC

Current Principal Place of Business:

204 CAPRI COVE PLACE
SANFORD, FL 32771 US

New Principal Place of Business:

3586 TORREY PINES DRIVE
FAIRLAWN, OH 44333 US

Current Mailing Address:

204 CAPRI COVE PLACE
SANFORD, FL 32771 US

New Mailing Address:

3586 TORREY PINES DRIVE
FAIRLAWN, OH 44333 US

FEI Number: 20-1580596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATTO, PAUL V
204 CAPRI COVE PLACE
SANFORD, FL 32771 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: GATTO, PAUL V
Address: 204 CAPRI COVE PLACE
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM () Delete
Name: GATTO, TIFFANY L
Address: 204 CAPRI COVE PLACE
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GATTO, PAUL V
Address: 3586 TORREY PINES DRIVE
City-St-Zip: FAIRLAWN, OH 44333 US

Title: MGRM (X) Change () Addition
Name: GATTO, TIFFANY L
Address: 3586 TORREY PINES DRIVE
City-St-Zip: FAIRLAWN, OH 44333 US

I hereby certify that the information supplied with this filing does not qualify for the 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 V. GATTO

MGRM

03/02/2006

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