

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90049 050 ****50.00



DOCUMENT # L04000085732

1. Entity Name

SCACHITTI PROPERTIES, LLC

Principal Place of Business

2855 S. ATLANTIC AVENUE, UNIT 501
 DAYTONA BEACH SHORES FL 32118

Mailing Address

2855 S. ATLANTIC AVENUE, UNIT 501
 DAYTONA BEACH SHORES FL 32118



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/04)

4. FEI Number

20-2130002

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCACHITTI, RONALD M
 2855 S. ATLANTIC AVENUE, UNIT 501
 DAYTONA BEACH SHORES FL 32118

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR Delete
 NAME SCACHITTI, RONALD M
 STREET ADDRESS 2855 S. ATLANTIC AVENUE, UNIT 501
 CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

TITLE MGR Delete
 NAME SCACHITTI, THOMAS F
 STREET ADDRESS 2855 S. ATLANTIC AVENUE, UNIT 501
 CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

TITLE Delete
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10. ADDITIONS/CHANGES

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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: *Ronald M Scachitti*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FEB 23 2005 386-788-2156
 Date Daytime Phone #