


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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 (10/05)

Zip	Country	Zip	Country	4. FEI Number 20-2130002	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
-----	---------	-----	---------	---------------------------------	---

6. Name and Address of Current Registered Agent SCACHITTI, RONALD M 2855 S. ATLANTIC AVENUE, UNIT 501 DAYTONA BEACH SHORES FL 32118	7. Name and Address of New Registered Agent 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, 2006

9. MANAGING MEMBERS / MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCACHITTI, RONALD M	
STREET ADDRESS	2855 S. ATLANTIC AVENUE, UNIT 501	
CITY - ST - ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCACHITTI, THOMAS F	
STREET ADDRESS	2855 S. ATLANTIC AVENUE, UNIT 501	
CITY - ST - ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

01/25/06-80004-006 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Jan 18, 2006 386-788-2156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #