
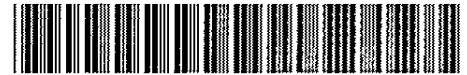


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000085732 1. Entity Name SCACHITTI PROPERTIES, LLC	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt #, etc	Suite, Apt #, etc	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E083 (10/06)

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 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 _____
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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 _____ (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, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCACHITTI, RONALD M		NAME		
STREET ADDRESS	2855 S. ATLANTIC AVENUE, UNIT 501		STREET ADDRESS		
CITY - ST - ZIP	DAYTONA BEACH SHORES FL 32118		CITY - ST - ZIP		
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"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____			TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____			TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____			TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____			TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____		

U00000610678
02/02/07-80031-017 55.00

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: RONALD M SCACHITTI  1/25/07 (386) 788-2156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #