

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 10, 2009  
Secretary of State**

DOCUMENT# L04000085732

Entity Name: SCACHITTI PROPERTIES, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-2130002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCACHITTI, RONALD M  
2855 S. ATLANTIC AVENUE, UNIT 501  
DAYTONA BEACH SHORES, FL 32118      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: MGR      ( ) Delete  
Name: SCACHITTI, RONALD M  
Address: 2855 S. ATLANTIC AVENUE, UNIT 501  
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: MGR      ( ) Delete  
Name: SCACHITTI, THOMAS F  
Address: 2855 S. ATLANTIC AVENUE, UNIT 501  
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS F. SCACHITTI

MGR

02/10/2009

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