2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000015801

1. Entity Name

SCAPEROTTA REAL ESTATE & DEVELOPMENT LLC



FILED Apr 16, 2008 08:00 All Secretary of State

Principal Place of Business

Mailing Address

105 W. 12TH STREET PANAMA CITY, FL 32401 105 W. 12TH STREET PANAMA CITY, FL 32401



04152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2377592

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

SCAPEROTTA, JOSEPH V 105 W. 12TH STREET PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

8	8. The above named entity submits this statement for the purpose of changing its registered	d office or registered agent,	or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.			
c	CICNIATURE			

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 000000900652 04/29/08-80036-024 138.75

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCAPEROTTA, JOSEPH V 105 W. 12TH STREET PANAMA CITY, FL 32401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filling does not qualify for the c					

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #