


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90107 001 \*\*\*600.00

|  |   |
|--|---|
| <b>DOCUMENT # L05000089703</b>                       |  |
| 1. Entity Name<br><b>SCATTOLINI ENTERPRISES, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>10556 NW 26 ST<br/>D-101-A<br/>MIAMI, FL 33172</b> | Mailing Address<br><b>10556 NW 26 ST<br/>D-101-A<br/>MIAMI, FL 33172</b> |
|--|--|

**30004231**



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>10556 NW 26 St.</b> | 3. Mailing Address<br><b>10556 NW 26 St.</b> |
| Suite, Apt. #, etc.<br><b>D101</b>                       | Suite, Apt. #, etc.<br><b>D101</b>           |
| City & State<br><b>Doral, FL</b>                         | City & State<br><b>Doral FL</b>              |
| Zip<br><b>33172</b>                                      | Country<br><b>U.S.A.</b>                     |

04012006 Chg-LLC CR2E083 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-3420273</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>CORTEZ, SERGIO R<br/>10556 NW 26 ST<br/>D-101-A<br/>MIAMI, FL FL</b> |  |
|--|--|

|   |                             |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent   |                             |
| Name<br><b>CORTEZ, Sergio R.</b>  |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>10556 NW 26 St. - D101</b> |                             |
| City<br><b>Doral</b>  | FL Zip Code<br><b>33172</b> |

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 \_\_\_\_\_ DATE **03/31/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>CORTEZ, SERGIO R<br/>10556 NW 26 ST SUITE D-101-A<br/>MAIMI, FL 33172</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>CORTEZ, Sergio R.<br/>10556 NW ST. - D101<br/>Doral, FL. 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>SCATTOLINI, ELDA<br/>10556 NW 26 ST SUITE D-101-A<br/>MIAMI, FL 33172</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>Scattolini, Elda<br/>10556 NW 26 ST. - D101<br/>Doral, FL. 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**03/31/06 (305) 6298191**

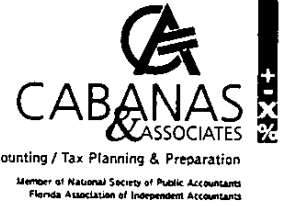
Date Daytime Phone #

**SERGIO R. CORTEZ**

ATTACHMENT

30004231

# L05000089703



April 1, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Fl. 32314

RE: 2006 ANNUAL REPORTS

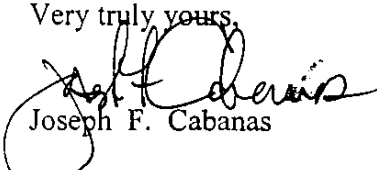
Gentlemen:

Please find attached hereto our check No. 5589 for \$600.00 to cover the renewal fees for the following LLC's:

P.C. 309, LLC  
EDUVAL, LLC  
DIVIAN UNO, LLC  
DIVIAN DOS, LLC  
COSTAMAR SOLE, LLC  
P.C. 707, LLC  
INVERSIONES CABRAL, LLC  
SUCURUSOS PC 1517, LLC  
SCATTOLINI ENTERPRISES, LLC  
SAVONA INVESTMENT, LLC  
SAN REMO 17 INVESTMENT, LLC  
ALBISOLA INVESTMENT, LLC

Thank you for your attention to this matter.

Very truly yours,

  
Joseph F. Cabanas

Enclosures