

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000089703

FILED
Jun 27, 2006
Secretary of State**Entity Name:** SCATTOLINI ENTERPRISES, LLC**Current Principal Place of Business:**10556 NORTHWEST 26 STREET
SUITE D101
DORAL, FL 33172 US**New Principal Place of Business:**9631 NW 33RD STREET
DORAL, FL 33172 US**Current Mailing Address:**10556 NORTHWEST 26 STREET
SUITE D101
DORAL, FL 33172 US**New Mailing Address:**9631 NW 33RD STREET
DORAL, FL 33172 US**FEI Number:** 20-3420273**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORTEZ, SERGIO R
10556 NORTHWEST 26 STREET
SUITE D101
DORAL, FL 33172 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 (X) Delete
Name: CORTEZ, SERGIO R
Address: 10556 NORTHWEST 26 STREET SUITE D101
City-St-Zip: DORAL, FL 33172Title: MGRM () Delete
Name: SCATTOLINI, ELDA
Address: 10556 NORTHWEST 26 STREET SUITE D101
City-St-Zip: DORAL, FL 33172**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DIRE (X) Change () Addition
Name: SCATTOLINI, ELDA
Address: 9631 NW 33RD STREET
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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: ELDA SCATTOLINI

DIRE

06/27/2006

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