

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070933

Entity Name: SCARRITT BUILDING, LLC

FILED
Jan 27, 2008
Secretary of State

Current Principal Place of Business:

1509 W. SWANN AVE.
SUITE 280
TAMPA, FL 33606

New Principal Place of Business:

1405 W. SWANN AVE.
TAMPA, FL 33606

Current Mailing Address:

1509 W. SWANN AVE.
SUITE 280
TAMPA, FL 33606

New Mailing Address:

1405 W. SWANN AVE.
TAMPA, FL 33606

FEI Number: 20-5212258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARRITT, THOMAS P JR
1509 W. SWANN AVE.
SUITE 280
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

SCARRITT, THOMAS P JR
1405 W. SWANN AVE.
TAMPA, FL 33606 US

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: THOMAS SCARRITT

01/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GALUPUS ENTERPRISES., INC.
Address: 1509 W. SWANN AVE. SUITE 280
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: GASPAR PROPERTIES, I, NC.
Address: 45 DAVIS BLVD.
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GALUPUS ENTERPRISES., INC.
Address: 1405 W. SWANN AVE.
City-St-Zip: TAMPA, FL 33606

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 SCARRITT

MGRM

01/27/2008

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