

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085880

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** PROCACCI MANAGEMENT LLC

**Current Principal Place of Business:**

925 SOUTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

925 SOUTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 20-5473324      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

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

PROCACCI, PHILIP J  
925 SOUTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33432 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:** PROCACCI, PHILIP J  
**Address:** 925 SOUTH FEDERAL HIGHWAY  
**City-St-Zip:** BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

**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: PHILIP J. PROCACCI      MGR      04/16/2009

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