

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000100655

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** SCAFATI COLONIAL DRIVE, LLC

**Current Principal Place of Business:**

% ALLEN J. SCAFATI, ONSET ASSOCIATES  
2701 PALOS VERDES DRIVE NORTH  
PALOS VERDES ESTATES, CA 90274

**New Principal Place of Business:**

**Current Mailing Address:**

2701 PALOS VERDES DRIVE NORTH  
PALOS VERDES ESTATES, CA 90274

**New Mailing Address:**

% ALLEN J. SCAFATI, ONSET ASSOCIATES  
2701 PALOS VERDES DRIVE NORTH  
PALOS VERDES ESTATES, CA 90274

**FEI Number:** 20-1798110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AKEL, EDWARD C  
ONE INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE, FL 32202 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: MGRM  
Name: SCAFATI, ALLEN J  
Address: 2701 PALOS VERDES DRIVE, NORTH  
City-St-Zip: PALOS VERDES ESTATES, CA 90274

I hereby 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: ALLEN SCAFATI

PART

01/04/2011

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