2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DQCUMENT # L99000006142

1. Entity Name RAFFINATI, L.L.C.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 15 AHII: 39

Principal Place of Business

3200 TAMIAMI TRAIL N., SUITE 200 NAPLES, FL 34103

Mailing Address

3200 TAMIAMI TRAIL N., SUITE 200 NAPLES. FL 34103





01152008 No Chg-LLC

CR2E083 (12/07)

FEI Number
 59-3605999

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

WOODWARD, MARK J 3200 TAMIAMI TRAIL N., SUITE 200 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

	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. the obligations of registered agent.	I am familiar with, and accept
SIC	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RAFINATTI, LTD.
STREET ADDRESS	8156 FIDDLER'S CREEK PARKWAY
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	,
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700123544307 04/15/08--01026--012 **138.75

DATE

700123544307 04/45/08--01026--013 **60:00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/14/08

(239) 732-9400

7.0

Daytime Phone #

Joseph Livio Parisi, Authorized Representative