



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>160258</b>		2. Exact name of the limited liability company <b>Santa Circle, LLC</b>	
3. State of Formation <b>FLORIDA</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE OWNERSHIP</b>	
5. Principal office address <b>5 SANTA CIRCLE</b>		City <b>JOHNSTON</b>	State <b>RI</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>HERBERT SANTAGATA</b>		Contact Title <b>LLC MEMBER</b>	Zip <b>02914</b>
Street Address <b>7824 EMERALD CIRCLE APT. 101</b>		City <b>NAPLES</b>	State <b>FL</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> <b>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
Manager Name <b>[REDACTED]</b>		Manager Name <b>[REDACTED]</b>	
Street Address <b>[REDACTED]</b>		Street Address <b>[REDACTED]</b>	
City <b>[REDACTED]</b>	State <b>[REDACTED]</b>	City <b>[REDACTED]</b>	State <b>[REDACTED]</b>
Zip <b>[REDACTED]</b>	City <b>[REDACTED]</b>	State <b>[REDACTED]</b>	Zip <b>[REDACTED]</b>
Manager Name <b>[REDACTED]</b>		Manager Name <b>[REDACTED]</b>	
Street Address <b>[REDACTED]</b>		Street Address <b>[REDACTED]</b>	
City <b>[REDACTED]</b>	State <b>[REDACTED]</b>	City <b>[REDACTED]</b>	State <b>[REDACTED]</b>
Zip <b>[REDACTED]</b>	City <b>[REDACTED]</b>	State <b>[REDACTED]</b>	Zip <b>[REDACTED]</b>
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>DAVID J. CORREIRA, ESQ.</b>		Address <b>[REDACTED]</b>	
Address <b>127 DORRANCE STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

<b>FILED</b>	
File Date	<b>NOV 05 2007</b>
Check No.	<b>29-41419</b>
By:	<b>[Signature]</b>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**[Signature]** **10/22/07**  
Signature of Authorized Person Date  
**HERBERT SANTAGATA**  
Print or Type Name of Authorized Person