## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000001662

1. Entity Name 3411 TAMIAMI TRAIL, LC



FILED
Mar 10, 2008 08:00 AN
Secretary of State

Principal Place of Business

SIGNATURE:

PORTER, WRIGHT, MORRIS & ARTHUR 5801 PELICAN BAY BLVD., STE. 300 NAPLES, FL 34108 Mailing Address

PORTER, WRIGHT, MORRIS & ARTHUR 5801 PELICAN BAY BLVD., STE. 300 NAPLES, FL 34108



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3307288

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

WILSON, GARY PORTER, WRIGHT, MORRIS & ARTHUR 5801 PELICAN BAY BLVD., STE. 300 NAPLES, FL. 34108

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the obligations of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		000000 03/26/08	0853545 -80072-010 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OUVERSON, THOMAS H 5801 PELICAN BAY BLVD. #300 NAPLES, FL 341082709		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		
TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP		DO NOT-V	VRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP		IN THIS S	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 of the 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 of the 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			

IZED REPRESENTATIVE

8. 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. I am familiar with, and accept