


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000010750**

1. Entity Name  
**VAN LOON COMMONS, L.L.C.**



Principal Place of Business <b>8290-201 COLLEGE PKWY          FORT MYERS, FL 33919</b>	Mailing Address <b>8270-201 COLLEGE PARKWAY          FORT MYERS, FL 33919</b>
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**DO NOT WRITE IN THIS SPACE**



01262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>65-1135966</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WROTEN, MELVIN O JR.  
 4641 PINE LEVEL WAY  
 FORT MYERS, FL 33905**

**DO NOT WRITE IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and file #, if applicable (NOTE: Registered Agent signature required when registering) DATE

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

U000000806968  
 02/06/08-80063-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WROTEN, MELVIN O JR. P.O. BOX 151520 CAPE CORAL, FL 33915
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**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE: *[Signature]* **11/24/2007 8236**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #