2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000016667

1. Entity Name

1786 TRADE CENTER WAY UNIT 4, LLC



FILED Feb 14, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

27152 EDENBRIDGE CT. BONITA SPRINGS, FL 34135 27152 EDENBRIDGE CT. BONITA SPRINGS, FL 34135



02122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 13-4204249 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BIRD, HENRY B II 27152 EDENBRIDGE COURT BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE

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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.				
SIGNATURESignature, typed or printed name of registered agent and tille It applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRD, HENRY B II 27152 EDENBRIDGE COURT BONITA SPRINGS, FL 34135		U00000827750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			02/22/08-80002-025 138.75	
TITLE NAME Street address City-St-Zip		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 AND TYPED OF PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/12/08

239 272-4712

Daytima Phone #