


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000034496 1. Entity Name 5770 SHIRLEY STREET, LLC	
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Principal Place of Business 5770 SHIRLEY STREET NAPLES, FL 34102	Mailing Address 5770 SHIRLEY NAPLES, FL 34102
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**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0758802	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, DOUGLAS A  
 C/O SIESKY PILON & WOOD  
 1000 TAMIAMI TRAIL NORTH STE. 201  
 NAPLES, FL 34102

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEL DUCA, MICHAEL 5770 SHIRLEY STREET NAPLES, FL 34102
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 04/26/07-80059-006 55.00

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: Michael Del Duca 4/13/07 839-546-1601

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