


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90351 038 \*\*\*\*55.00

<b>DOCUMENT # L03000039570</b>					
1. Entity Name PIPER'S CROSSING, LLC					
Principal Place of Business 2375 TAMiami TRAIL NORTH, STE. 208C NAPLES, FL 34103			Mailing Address % CRIFASI ENTERPRISES, INC. 2375 TAMiami TRAIL NORTH STE 208C NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 14-1905127	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CRIFASI ENTERPRISES, INC. 2375 TAMiami TRAIL NORTH, STE. 208C NAPLES, FL 34103			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRIFASI ENTERPRISES INC 2375 TAMiami TRAIL NORTH, STE 208C NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 606, Florida Statutes.					
SIGNATURE: _____			4/27/07 239-5947000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

30005943



01152007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

FL Zip Code

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

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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SIGNATURE: \_\_\_\_\_ DATE: 4/27/07 DAYTIME PHONE: 239-5947000



ATTACHMENT 30005943  
Division of Corporations

2007 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the  
annual report form.

This information cannot be changed on the report.	
Document Number	L03000039570
Business Entity Name	PIPER'S CROSSING, LLC
Original File Date	10/15/2003

FEI Number 14-1905127

Principal Address 2375 TAMIAMI TRAIL NORTH, STE. 208C  
NAPLES, FL 34103

Mailing Address % CRIFASI ENTERPRISES, INC.  
2375 TAMIAMI TRAIL NORTH STE 208C  
NAPLES, FL 34103

Registered Agent CRIFASI ENTERPRISES, INC.  
2375 TAMIAMI TRAIL NORTH, STE. 208C  
NAPLES, FL 34103 US

Managing Member/Manager Name And Address

MGR  
CRIFASI ENTERPRISES INC  
2375 TAMIAMI TRAIL NORTH, STE 208C  
NAPLES, FL 34103

If all of the above  
information is correct  
and you do not wish  
to make any changes,  
please select:

No Changes

If you need to make  
changes to the above  
information, please  
select:

Make Changes