


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000041471**

1. Entity Name  
**SANIBEL RECREATION SOCIETY LLC**



Principal Place of Business <b>1414 WHISKEY CREEK DRIVE          FORT MYERS, FL 33919 US</b>	Mailing Address <b>1414 WHISKEY CREEK DRIVE          FORT MYERS, FL 33919 US</b>
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**DO NOT WRITE IN THIS SPACE**



04222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For 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

**UNITED STATES CORPORATION AGENTS, INC.  
 1111 LINCOLN RD  
 SUITE 400  
 MIAMI BEACH, FL 33139**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000729057  
 05/08/07-80024-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASON, MARC 1414 WHISKEY CREEK DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWNLOW, JANE 1414 WHISKEY CREEK DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, GENE 1414 WHISKEY CREEK DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, BAB 1414 WHISKEY CREEK DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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** *Marc Mason* **MARC MASON** 4/23/07 239-218-0682  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #