


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000015764

1. Entity Name
111 JOHN'S ISLAND DRIVE ASSOCIATES, LLC



Principal Place of Business ONE OLD MOUNTAIN ROAD C/O RICHARD H. GORDON FARMINGTON, CT 06032	Mailing Address ONE OLD MOUNTAIN ROAD C/O RICHARD H. GORDON FARMINGTON, CT 06032
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01052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0817262	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLASP INC.
3001 TAMIAMI TRAIL NORTH, SUITE 4TH FLOOR
NAPLES, FL 34103

**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 196 Trumbull Street Limited Partnership Richard Gordon Manager 1/5/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 196 TRUMBULL STREET LIMITED PARTNERSHIP ONE MOUNTAIN ROAD FARMINGTON, CT 06032
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01/11/06-80040-003 50.00

**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 208, Florida Statutes.

SIGNATURE: 196 Trumbull Street Limited Partnership Richard Gordon Manager 1/5/06 800-674-4266 #2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #