


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000015764 1. Entity Name 111 JOHN'S ISLAND DRIVE ASSOCIATES, LLC	
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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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DO NOT WRITE IN THIS SPACE



01172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0817262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 1/17/07
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, 2007**

000000596139
01/23/07-80065-024 50.00

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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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: 196 Trumbull Street Limited Partnership Richard Gordon, Manager 1/17/07 860-674-4266 #2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #