


FILED
May 24, 2007 8:00 am
Secretary of State

04-30-2007 90051 043 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000016515		
1. Entry Name 13791 JETPORT COMMERCE PARKWAY, LLC		
Principal Place of Business 11751-2 METRO PARKWAY FORT MYERS, FL 33912		Mailing Address 11751-2 METRO PARKWAY FORT MYERS, FL 33912
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
State, Apt. #, etc.		State, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent BURKS, ROGER 11751-2 METRO PARKWAY FORT MYERS, FL 33912		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 entry 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when changing) _____ <small>Date</small>
Filing Fee is \$50.00 Due by May 4, 2007		Make check payable to Florida Department of State



04182007 Chg-LLC CR2E063 (12/06)

4. FEI Number **20-2643743** Applied For
~~APPLIED FOR~~ (No. Applied For)

5. Certificate of Status Desired \$5.00 Additional Fee Required

ROGER BURKS, INC.
 GENERAL CONTRACTOR
 11751-2 METRO PARKWAY
 FORT MYERS, FL 33966
 (239) 275-9091

FIFTH THIRD BANK
 FORT MYERS, FL 33901-3410
 83-9171670

19762

4/25/2007

Pay to the
 Order of **Department of State**

Fifty and 00/100 ***** \$**50.00

Division of Corporations
 Annual Reports Section
 P.O. Box 1500
 Tallahassee, Fl. 32302-1500

Mary Burks

NAME	STREET ADDRESS	CITY - ST - ZIP
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 appointed to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <i>Mary Burks</i>	<i>MARY BURKS</i>	<i>4/24/07</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

ATTACHMENT
30008765
#L04000016515

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-2643743 OMB No. 1545-0003																					
1* Legal name of entity (or individual) for whom the EIN is being requested 13791 JETPORT COMMERCE PARKWAY LLC																							
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name ROGER D BURKS																					
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 11751-2 METRO PARKWAY		5a Street address (if different) (Do not enter a P.O. box)																					
4b* City, state, and ZIP code FORT MYERS FL 33912		5b City, state, and ZIP code																					
6* County and state where principal business is located County LEE State FL																							
7a Name of principal officer, general partner, grantor, owner, or trustor ROGER D BURKS		7b SSN, ITIN, EIN 261-84-0856																					
8a* Type of entity (check only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Sole Proprietor (SSN)</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Estate (SSN of decedent)</td> <td style="width: 33%; border: none;"><input type="checkbox"/> State/local government</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> Plan administrator (SSN)</td> <td style="border: none;"><input type="checkbox"/> Federal government/military</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Corporation (enter form number to be filed) ▶</td> <td style="border: none;"><input type="checkbox"/> Trust (SSN of grantor)</td> <td style="border: none;"><input type="checkbox"/> Indian tribal government/enterprises</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Personal Service</td> <td style="border: none;"><input type="checkbox"/> National Guard</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Church or church-controlled organization</td> <td style="border: none;"><input type="checkbox"/> Farmers' cooperative</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other nonprofit organization (specify) ▶</td> <td style="border: none;"><input type="checkbox"/> REMC</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Other (specify) ▶ LIM LIAB CO</td> <td colspan="2" style="border: none;">Group Exemption NO. (GEN) ▶</td> </tr> </table>			<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> State/local government	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> Indian tribal government/enterprises	<input type="checkbox"/> Personal Service	<input type="checkbox"/> National Guard		<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative		<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMC		<input checked="" type="checkbox"/> Other (specify) ▶ LIM LIAB CO	Group Exemption NO. (GEN) ▶	
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country																					
9* Reason for applying (check only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Started new business (specify type) ▶ LIM LIAB CO</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Banking purpose (specify purpose) ▶</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Hired employees (Check the box and see line 12)</td> <td style="border: none;"><input type="checkbox"/> Changed type of organization (specify new type) ▶</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td style="border: none;"><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other (specify) ▶</td> <td style="border: none;"><input type="checkbox"/> Created a trust (specify type) ▶</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Created a pension plan (specify type) ▶</td> </tr> </table>			<input checked="" type="checkbox"/> Started new business (specify type) ▶ LIM LIAB CO	<input type="checkbox"/> Banking purpose (specify purpose) ▶	<input type="checkbox"/> Hired employees (Check the box and see line 12)	<input type="checkbox"/> Changed type of organization (specify new type) ▶	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶		<input type="checkbox"/> Created a pension plan (specify type) ▶											
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10* Date business started or acquired (month, day, year) MAR 2 2004		11 Closing month of accounting year DEC																					
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i>																							
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Agriculture <u>0</u></td> <td style="width: 33%; border: none;">Household <u>0</u></td> <td style="width: 33%; border: none;">Other <u>0</u></td> </tr> </table>			Agriculture <u>0</u>	Household <u>0</u>	Other <u>0</u>																		
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14* Check box that best describes the principal activity of your business <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Construction</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Health care & social assistance</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Rental & leasing</td> <td style="border: none;"><input type="checkbox"/> Accommodation & food service</td> <td style="border: none;"><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Real estate</td> <td style="border: none;"><input type="checkbox"/> Retail</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Manufacturing</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Transportation & warehousing</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Finance & insurance</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: none;"><input type="checkbox"/> Other (specify)</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input checked="" type="checkbox"/> Real estate	<input type="checkbox"/> Retail		<input type="checkbox"/> Manufacturing			<input type="checkbox"/> Transportation & warehousing			<input type="checkbox"/> Finance & insurance			<input type="checkbox"/> Other (specify)		
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<input type="checkbox"/> Other (specify)																							
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. REAL ESTATE INVESTMENT AND DEVELOPMENT																							
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>																							
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶																							
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN																							
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																							
Third Party Designee	Designee's name WILLIAM C HUGHES - CPA Address and ZIP code 1470 ROYAL PALM SQ BLV FORT MYERS FL 33919	Designee's telephone number (include area code) (239) 939 - 2233 Designee's fax number (include area code) (239) 939 - 0554																					
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ ROGER D BURKS - PRINCIPLE Signature ▶ Not Required Date ▶ April 08, 2005 GMT		Applicant's telephone number (include area code) (239) 275 - 9091 Applicant's fax number (include area code) (239) 275 - 9193																					