

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000035315 1. Entity Name JOHANNING, LLC	
---	---

Principal Place of Business 5770 SHIRLEY STREET NAPLES, FL 34109	Mailing Address 5770 SHIRLEY STREET NAPLES, FL 34109
--	--

DO NOT WRITE IN THIS SPACE



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1144482	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent WOOD, DOUGLAS A 1000 TAMiami TRAIL NORTH SUITE 201 NAPLES, FL 34102

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

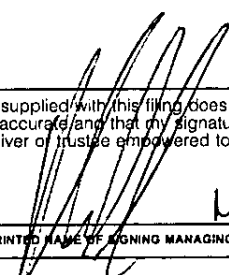
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NCM OF COLLIER COUNTY, INC. 5770 SHIRLEY STREET NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000723820
05/02/07-80086-024 55.00

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:  **Michael De Luca** **4/13/07** **239-566-1601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #