

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080561

FILED
May 01, 2006
Secretary of State

Entity Name: 10980 HARMONY PARK DRIVE, LLC

Current Principal Place of Business:

10961 HARMONY PARK DRIVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

63 SOUTHPORT COVE
BONITA SPRINGS, FL 34134

Current Mailing Address:

10961 HARMONY PARK DRIVE
BONITA SPRINGS, FL 34135

New Mailing Address:

63 SOUTHPORT COVE
BONITA SPRINGS, FL 34134

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZACCHEO, MICHAEL J
10961 HARMONY PARK DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

ZACCHEO, MICHAEL J
63 SOUTHPORT COVE
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE: MICHAEL J. ZACCHEO

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZACCHEO, MICHAEL J
Address: 10961HARMONY PARK DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ZACCHEO, MICHAEL J
Address: 63 SOUTHPORT COVE
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHEAL J. ZACCHEO

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date