


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

87.

FILED
Sep 07, 2006 8:00 am
Secretary of State

08-02-2006 90048 046 ****50.00

DOCUMENT # L05000067791			
1. Entity Name CAROL A. GOLLY, P.L.			
Principal Place of Business 1515 MULLETT LANE NAPLES, FL 34102		Mailing Address 1515 MULLETT LANE NAPLES, FL 34102	
2. Principal Place of Business 826 Anchor Road Dr		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State	
Zip 34102	Country USA	Zip	Country
4. FEI Number 07012006 Chg-LLC CR2E083 (11/05)		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KELLY, CHARLES M JR. 2390 TAMiami TRAIL NORTH SUITE 204 NAPLES, FL 34103		Name Street Address (P.O. Box Number is Not Acceptable) --- City FL Zip Code	
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 <i>Carol A. Golly</i>		DATE <i>7/31/06</i>	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLLY, CAROL A 1515 MULLETT LANE NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.			
SIGNATURE: <i>Carol A. Golly</i>		DATE: <i>7/31/06</i> 239-417-3031	
SIGNATURE AND TYPED OR PRINTED NAMES OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	