


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000099855 1. Entity Name 13 MAUI CIRCLE, LLC	
------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1037 FIFTH AVENUE NORTH NAPLES, FL 34102	Mailing Address 1037 FIFTH AVENUE NORTH NAPLES, FL 34102
----------------------------------------------------------------------------	----------------------------------------------------------------



01142008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3603029	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

WOOD, DOUGLAS A
 1000 NORTH TAMIAMI TRAIL
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

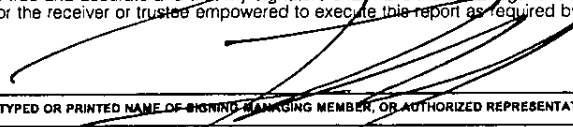
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000834478
 04/17/08-80046-003 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GULLIFORD, JOHN T 1037 FIFTH AVENUE NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THORNHILL, GLENN O 1037 FIFTH AVENUE NORTH NAPLES, FL 34102
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

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:  Date: 4/2/08 Daytime Phone #: 239-263-4224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

John T. Gulliford