2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000099855

1. Entity Name
13 MAUI CIRCLE, LLC

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

DO NOT WRITE IN THIS SPACE

01142008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3603029	Not Applicable

5. Certificate of Status Desired ☐ **$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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

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

000000884478
04/17/08-80046-003 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GULLIFORD, JOHN T
STREET ADDRESS	1037 FIFTH AVENUE NORTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	THORNHILL, GLENN O
STREET ADDRESS	1037 FIFTH AVENUE NORTH
CITY-ST-ZIP	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: _____   4/2/0?   239-263-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

John T. Gulliford