


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90139 010 \*\*\*\*50.00

**DOCUMENT # L05000120015**

1. Entity Name  
**1397 INVESTMENTS, LLC**



Principal Place of Business  
**1397 WASHINGTON STREET  
 NORTH FORT MYERS, FL 33917 US**

Mailing Address  
**1397 WASHINGTON STREET  
 NORTH FORT MYERS, FL 33917 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARRON, WILLIAM T  
 1397 WASHINGTON STREET  
 NORTH FORT MYERS, FL 33917**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00  
 Due by May 1, 2008**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WILLIAM T. MARRON MANAGER 5560 BURNHAM CT NORTH FORT MYERS, FL 33903</b>	<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	<b>JOHN T. CORKHILL MANAGER 5581 BURNHAM CT. NORTH FORT MYERS, FL 33903</b>	<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	<b>RICHARD E. SCHNYER MANAGER 5580 BURNHAM CT. NORTH FORT MYERS, FL 33903</b>	<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
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
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

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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2-16-06 239-731-1600**  
Date Daytime Phone #



ATTACHMENT  
36002163

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

1397 INVESTMENTS, LLC  
1397 WASHINGTON STREET  
NORTH FORT MYERS, FL 33917 US

Subject: 1397 INVESTMENTS, LLC

Reference Number: L05000120015

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

ATTACHED

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD  
ANNUAL REPORTS SECTION