

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90125 032 \*\*\*143.75



DOCUMENT # L07000105938

1. Entity Name  
 SANIBEL INVESTMENTS ENTERPRISES, LLC

Principal Place of Business  
 3530 KRAFT ROAD, SUITE 300  
 NAPLES, FL 34105

Mailing Address  
 3530 KRAFT ROAD, SUITE 300  
 NAPLES, FL 34105



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

26-1265306

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACLVOR, THOMAS A CPA  
 3530 KRAFT ROAD, SUITE 300  
 NAPLES, FL 34105

Name: **Mac Ivor, Thomas A, CPA**

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

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

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR  
 NAME: KAMBIZ ZAND  
 STREET ADDRESS: 3530 KRAFT ROAD, SUITE 300  
 CITY-ST-ZIP: NAPLES, FL 34105

TITLE: MGR  
 NAME: KAMBIZ ZAND  
 STREET ADDRESS: 3530 KRAFT ROAD  
 SUITE 300  
 CITY-ST-ZIP: NAPLES, FL 34105

TITLE: MGR  
 NAME: THOMAS A. MACIVOR  
 STREET ADDRESS: 3530 KRAFT ROAD, SUITE 300  
 CITY-ST-ZIP: NAPLES, FL 34105

TITLE: MGR  
 NAME: THOMAS A. MACIVOR  
 STREET ADDRESS: 3530 KRAFT ROAD  
 SUITE 300  
 CITY-ST-ZIP: NAPLES, FL 34105

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

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 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

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: *Thomas A. MacIvor*

3/31/08

(239) 434-0600

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

Date

Daytime Phone #