

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000054077**

**1. Entity Name**  
2210 FLOOR 3, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 17 PM 4:16

**Principal Place of Business**  
2210 VANDERBILT BEACH ROAD, SUITE 1300  
NAPLES, FL 34109

**Mailing Address**  
2210 VANDERBILT BEACH ROAD, SUITE 1300  
NAPLES, FL 34109

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006 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**

**7. Name and Address of New Registered Agent**

KOBZA, KIM P  
393 FLAMINGO AVE.  
NAPLES, FL 34108

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

MGR  
O'BRIEN, MICHAEL  
5261 DEEP WOODS ROAD  
BLOOMFIELD, MI 48302

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
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☐ Delete

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☐ Change ☐ Addition

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

1-10-06

Date

Daytime Phone #

2/15/06