2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State
03-06-2007 90077 005 ****50.00

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1. Entity Name
1114 AVIANO CARRIAGE, L.L.C.

Principal Place of Business	Mailing Address
958 N. BAY SHORE DRIVE SISTER BAY, WI 54234	958 N. BAY SHORE DRIVE SISTER BAY, WI 54234

Q00213T2

02262007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12870 CARRINGTON CIRCLE	12870 CARRINGTON CIRCLE
Suite, ~~Apt. #, etc.~~ 104	Suite, ~~Apt. #, etc.~~ 104
City & State NAPLES FL	City & State NAPLES FL
Zip 34105 Country USA	Zip 34105 Country USA

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
WEBSTER, RONALD S. 979 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145	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 reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KELNHOFER, PAUL J 958 N. BAY SHORE DRIVE SISTER BAY, WI 54234	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BARBARA GOODMAN 12870 CARRINGTON CIRCLE #104 NAPLES, FLORIDA 34105	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KELNHOFER, DIANE M 958 N. BAY SHORE DRIVE SISTER BAY, WI 54234	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Barbara Goodman 2-28-07 239-643-1833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #