

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90123 019 \*\*\*\*50.00

DOCUMENT # L03000001675

1. Entity Name

THE 291 COMPANY, LC



Principal Place of Business

291 BURNING TREE DRIVE  
 NAPLES FL 34105

Mailing Address

291 BURNING TREE DRIVE  
 NAPLES FL 34105



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

80-0123555

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

SHEAR, STEVEN  
 291 BURNING TREE DRIVE  
 NAPLES FL 34105

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE: MGR  Delete  
 NAME: SHEER, STEVEN  
 STREET ADDRESS: 291 BURNING TREE DR  
 CITY - ST - ZIP: NAPLES FL 34105

TITLE:  Change  Addition  
 NAME: Sheer  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE: MGR  Delete  
 NAME: SHEER, ROBIN  
 STREET ADDRESS: 291 BURNING TREE DR  
 CITY - ST - ZIP: NAPLES FL 34105

TITLE:  Change  Addition  
 NAME: Sheer  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Steven Shear Steven Shear 3-23-07 239 734 604  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #