

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053532

Entity Name: 17050 ALICO, LLC

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

5245 BIG PINE WAY SUITE 102  
FT. MYERS, FL 33907

## New Principal Place of Business:

## Current Mailing Address:

5245 BIG PINE WAY SUITE 102  
FT. MYERS, FL 33907

## New Mailing Address:

FEI Number: 20-4843994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROGAN, ROKKI  
5245 BIG PINE WAY SUITE 102  
FT. MYERS, FL 33907 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROGAN, ROKKI  
Address: 11117 HARBOUR ESTATES CIRCLE  
City-St-Zip: FT. MYERS, FL 33908

Title: MGRM ( ) Delete  
Name: ROBERT L. DELISIO, L, IVING TRUST  
Address: 13 MOHAWK DRIVE  
City-St-Zip: GIRARD, OH 44420

Title: MGRM ( ) Delete  
Name: CUNNINGHAM, STEVE  
Address: 6900-29 DANIELS PARKWAY #206  
City-St-Zip: FT MYERS, FL 33912

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROKKI ROGAN

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date