2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L04000081275

1. Entity Name
2628 PONCE DE LEON DRIVE, LLC

Principal Place of Business	Mailing Address
1037 FIFTH AVENUE NORTH NAPLES, FL 34102 US	1037 FIFTH AVENUE NORTH NAPLES, FL 34102 US

DO NOT WRITE IN THIS SPACE

01142008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1871892

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRABINSKI, MATTHEW L
4001 TAMIAMI TRAIL N.
#300
NAPLES, FL 34103

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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 _____ U00000884481
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 04/17/08-80045-004 138.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THORNHILL, GLENN OSWALD
STREET ADDRESS	1037 5TH AVE N
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGRT
NAME	GULLIFORD, JOHN T
STREET ADDRESS	1037 5TH AVE, N
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John T. Gulliford 4/2/08 239-263-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #