

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000094243

Entity Name: 555 107TH AVENUE NORTH, LLC**Current Principal Place of Business:**450 ROSEMEADE LANE
NAPLES, FL 34105**Current Mailing Address:**450 ROSEMEADE LANE
NAPLES, FL 34105 US**FEI Number:** 45-3063266**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, DANIEL S
5801 PELICAN BAY BOULEVARD
C/O NEWSBANK, INC.; SUITE 600
NAPLES, FL 34108 US*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**Authorized Person(s) Detail :**

Title	MGR
Name	JONES, DANIEL S
Address	5801 PELICAN BAY BOULEVARD, STE 600
City-State-Zip:	NAPLES FL 34108

Title	MEMB
Name	CAVANAGH, KATHRYN J
Address	200 GOLFVIEW DRIVE
City-State-Zip:	LEWISBURG PA 17837

Title	SECY
Name	JONES, SUSAN S
Address	450 ROSEMEADE LN
City-State-Zip:	NAPLES FL 34105

Title	MEMB
Name	JONES, DANIEL VII
Address	21 MAPLE STREET
City-State-Zip:	WOODSTOCK VT 05091

Title	MEMB
Name	JONES, MEREDITH S
Address	4265 DARLEY AVENUE
City-State-Zip:	BOULDER CO 80305

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL S. JONES

MANAGER

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date