

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90129 037 \*\*\*138.75

**60021614**



03272008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**58-2562054**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

JONES, WILLIAM L  
3000 COUNTY BARN ROAD  
NAPLES, FL 34112

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	JONES, WILLIAM L
STREET ADDRESS	3000 COUNTY BARN ROAD
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	MGRM
NAME	JONES, BARBARA F
STREET ADDRESS	3000 COUNTY BARN RD
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	ASST. MGRM
NAME	BRIAN E JONES
STREET ADDRESS	3000 COUNTY BARN RD
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	ASST. MGRM
NAME	CYNTHIA J WILLIAMS
STREET ADDRESS	3000 COUNTY BARN RD
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3-27-08**

Date

**239-643-5100**

Daytime Phone #