## **2007 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**



Feb 01, 2007 8:00 am Secretary of State

1. Entity Name BOAT HANGARS OF NAPLES, LLC							02-01-2007 9	90049 00	J9 ****50	0.00	
Principal Place of Business 3991 GULF SHORE BLVD. N SUITE 1204 NAPLES, FL 34103		Mailing Address 3991 GULF SHORE BLVD. N SUITE 1204 NAPLES, FL 34103				FRUII RTIII RTIIH RRFII FRA		 			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01242007	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State				4. FEI Number 59-364			No	oplied For of Applicable	
Zip	Country	Zip	Cour	itry			of Status Desired		\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent				Name		7. Name and Address of New Registered Agent					
KELLEY, LARRY											
	F SHORE BLYD. N		Street A	ddress (F	P.O. Box Numbe	r is Not Acceptable	<del></del>				
NAPLES, FL 34103											
				City		FL Zip Code					
	named entity submits this statement for	r the purpose of changing its	s register	ed office o	r registere	ed agent, or bot	h, in the State of Flo	orida. I am	familiar with,	and accept	
]	ions of registered agent.										
SIGNATURE											
- SIGNATORIE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registere	d Agent signat	ure required	when reinstalling)		DATE			
Fi	Signature, typed or printed name of registered agent of the control of the contro	and trite if applicable. (NOT	FE: Registere	d Agent signat	ure required	when reinstaling}		e check p	payable to nent of State	e	
9.	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.	_				e check r a Departm	ent of State		
Fi De	ling Fee is \$50.00 ue by May 1, 2007	RS/MANAGERS  Delete  D	10. TITU NAM STRE	- E	MGR, Joha 235	en 1 d Carol 1 g Alexa	Florida	e check partmeter changes	ent of State	e Car Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM GRAND RIVER SECURITIES, LT 186 GREENS ROAD CALEDONIA ONTERIO, CN n3w MGRM KOFFMAN, ROBERT 3991 GULF SHORE BOULEVAR	RS/MANAGERS  Delete  D  v1×2	10. TITLI NAM STRE CITY TITLI NAM STRE	E E E - ST- ZIP E E E E ET ADDRESS	MGR, Joha 235	en 1 d Carol 1 g Alexa	ADDITIONS/ Benning ander Palm	e check partmeter changes	ent of State		
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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.

CITY-ST-ZIP

CITY-ST-ZIP

NAPLES, FL 34102