

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008010

FILED  
Aug 06, 2005  
Secretary of State

Entity Name: CONFOY COALITION, L.L.C.

**Current Principal Place of Business:**

130 EDGEEMERE WAY S  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

130 EDGEEMERE WAY S  
NAPLES, FL 34105

**New Mailing Address:**

FEI Number: 59-3657796      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CONROY III, J. THOMAS  
2640 GOLDEN GATE PKWY  
STE 115  
NAPLES, FL 34105 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CONFOY, WILLIAM D MGRM  
Address: 130 EDGEEMERE WAY SO.  
City-St-Zip: NAPLES, FL 34105 US

Title: MGR ( ) Delete  
Name: CONFOY, KAREN E MGR  
Address: 130 EDGEEMERE WAY SO.  
City-St-Zip: NAPLES, FL 34105 US

**ADDITIONS/CHANGES:**

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 for the exemption stated in Section 119.07(3)(i), 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: WILLIAM D. CONFOY

MGRM

08/06/2005

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