

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000001682</b>	
1. Entity Name CENTRAL PARK DEVELOPMENT OF SOUTHWEST FLORIDA, L.L.C.	
Principal Place of Business 720 GOODLETTE ROAD SUITE 305 NAPLES, FL 34102	Mailing Address 720 GOODLETTE ROAD SUITE 305 NAPLES, FL 34102



01292007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3695661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  CAUDILL, JAMES F ESQ. 2640 GOLDEN GATE PKWY SUITE 115 NAPLES, FL 34105
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**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 re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VECTOR, L.L.C. 720 GOODLETTE ROAD, SUITE 305 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHLOE-RAMSEY, L.L.C. 85 WEDDINGTON BRANCH RD. PIKEVILLE, KY 41501
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05/16/07-80047-025 50.00

**DO NOT WRITE  
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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:** \_\_\_\_\_

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

Date

Daytime Phone #

2-1-07  
239-262-3210