

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90123 024 \*\*\*\*50.00

DOCUMENT # L01000001934

1. Entity Name

PETRO REALTY FLORIDA, L.L.C.



Principal Place of Business

25650 STREAMLET CT.  
BONITA SPRINGS FL 34135

Mailing Address

25650 STREAMLET CT.  
BONITA SPRINGS FL 34135



2. Principal Place of Business - No P.O. Box #

5705 HERON LANE

Suite, Apt. #, etc.

# 803

3. Mailing Address

5705 HERON LANE

Suite, Apt. #, etc.

# 803

1st MOORE

CR2E083 (10/06)

City & State

NAPLES, FL

Zip

34110

Country

COLLIER

City & State

NAPLES, FL

Zip

34110

Country

COLLIER

4. FEI Number

37-6136821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCNAUGHTON, RALPH H  
25650 STREAMLET CT.  
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME MCNAUGHTON, RALPH H  
STREET ADDRESS 25650 STREAMLET CT.  
CITY - ST - ZIP BONITA SPRINGS FL 34135

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ralph H. McNaughton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/22/07 (859) 583-3901  
Date Daytime Phone #