

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000019131

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** COLLIER DISTRICT, L.L.C.

**Current Principal Place of Business:**

28731 SOUTH CARGO CT  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

1300 POST RD EAST  
WESTPORT, CT 06880

**New Mailing Address:**

**FEI Number:** 81-0561212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

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:** MGR  
**Name:** KLEBAN, ALBERT J  
**Address:** 4351 GULF SHORE BLVD., NORTH, 7N  
**City-St-Zip:** NAPLES, FL 34103

**Title:** MGRM  
**Name:** COLLIER DISTRICT M, INC.  
**Address:** 28731 SOUTH CARGO CT  
**City-St-Zip:** BONITA SPRINGS, FL 34135

I hereby 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:** ALBERT J. KLEBAN

MEMB

04/18/2011

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