

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90045 031 ****55.00

DOCUMENT # L01000021202

1. Entity Name
MOTHER SHIP, LLC



Principal Place of Business
**C/O DAVID G. BUDD
3033 RIVIERA DRIVE., #201
NAPLES, FL 34103 US**

Mailing Address
**C/O DAVID G. BUDD
3033 RIVIERA DRIVE., #201
NAPLES, FL 34103 US**

2. Principal Place of Business - No P.O. Box #
5551 Ridgewood Drive
Suite, Apt. #, etc.
Suite 501

3. Mailing Address
c/o David G. Budd
Suite, Apt. #, etc.
5551 Ridgewood Dr., #501



04262007 Chg-LLC CR2E083 (12/06)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
04-3589287

Applied For
☐ Not Applicable

Zip Country
34108 USA

Zip Country
34108 USA

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BUDD, DAVID G
3033 RIVIERA DRIVE
SUITE 201
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5551 Ridgewood Drive
Suite 501
City **Naples** FL Zip Code **34108**

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 David G. Budd **David G. Budd, Registered Agent** **4/27/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRT
STARMAN, SHELDON W
4099 TAMiami TR NO. SUITE 400
NAPLES, FL 34103** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRS
BUDD, DAVID G
3033 RIVIERA DRIVE SUITE 201
NAPLES, FL 34103** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**5551 Ridgewood Drive, Suite 501
Naples, FL 34108**

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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: David G. Budd **4/27/07** (239) 514-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

DAVID G. BUDD, ASSISTANT OPERATING MANAGER