

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L01000021202

1. Entity Name  
MOTHER SHIP, LLC



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

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



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>04-3589287</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required <input type="checkbox"/>
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6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5551 Ridgewood Drive**

Suite 501

City  
**Naples**

FL Zip Code  
**34108**

7. Name and Address of New Registered Agent

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

DATE

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRT STARMAN, SHELDON W 4099 TAMAMI TR NO. SUITE 400 NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS BUDD, DAVID G 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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 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*

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

4/27/07 (239) 514-1000

Daytime Phone #

DAVID G. BUDD, ASSISTANT OPERATING MANAGER