

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90077 006 ****50.00

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02212007No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3589749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DOCUMENT # L01000022254

1. Entity Name
CHARLOTTE COUNTY PARK OF COMMERCE, LLC



Principal Place of Business 3073 S HORSESHOE DR STE 118 NAPLES, FL 34104 US	Mailing Address 3073 S HORSESHOE DR STE 118 NAPLES, FL 34104 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCKINLEY, MICHAEL R ESQ.
 18401 MURDOCK CIRCLE
 PORT CHARLOTTE, FL 33948**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VETTER, RICHARD 3073 SOUTH HORSESHOE DR SUITE 118 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, DONALD L 3073 SOUTH HORSESHOE DR SUITE 118 NAPLES, FL 34104
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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: *Don Caley* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____