

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


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

01-30-2007 90034 018 ****50.00

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01102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L01000022794					
1. Entity Name CROFTSIDE, LLC					
Principal Place of Business 700 ELEVENTH STREET SOUTH, PH2 NAPLES, FL 34102-6777			Mailing Address 700 ELEVENTH STREET SOUTH, PH2 NAPLES, FL 34102-6777		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0842898	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLINGTON SHIELD INC. 700 ELEVENTH ST. SOUTH PH2 NAPLES, FL 34102-6777			7. Name and Address of New Registered Agent Name: Able Advisory INC. Street Address (P.O. Box Number is not Acceptable): 700 Eleventh Street South PH2 City: Naples FL 34102-6777		
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: <u>ANTHONY R. ABLE - Director</u> DATE: <u>1-22-07</u>					
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	MGR WELLMAN LIMITED COMPANY 700 11TH ST SOUTH PH2 NAPLES, FL 341026777	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AomAC Limited Bison Court, Road Town Road Town, Tortola, British Virgin Islands	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>ANTHONY R. ABLE - Director</u>			Date: <u>1-22-07</u> Daytime Phone #: <u>239-430-4310</u>		