# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 22, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L02000004419

1. Entity Name
GLADIOLUS PRESERVE, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 11220 METRO PKWY., STE. 27<br>FORT MYERS, FL 33912 | 11220 METRO PKWY., STE. 27<br>FORT MYERS, FL 33912 |

03202006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
02-0564871
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KERVER, W. MICHAEL
11220 METRO PKWY, STE 27
FORT MYERS, FL 33912

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

100000477585
-04/06/06-80057-004 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | SEITZ, A. JEFFREY |
| STREET ADDRESS | 4215 EAST 60TH ST., STE. 6 |
| CITY-ST-ZIP | DAVENPORT, IA 52807 |
| TITLE | MGR |
| NAME | SALATA, RICHARD A |
| STREET ADDRESS | 6715 TIPPECANOE RD., BLDG. B |
| CITY-ST-ZIP | CANFIELD, OH 44406 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** W. MICHAEL KERVER V.P. 3-20-06 239-939-9996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #