## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000004480 LEAR CAPITAL, LLC Principal Place of Business Mailing Address **377 CITATION POINT** 377 CITATION POINT NAPLES, FL 34104 US NAPLES, FL 34104 US

**FILED** Apr 23, 2007 08:00 Al Secretary of State



## DO NOT WRITE IN THIS SPACE

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

04052007 No Chg-LLC CR2E083 (11/05)

4,	FEI Number		Applied For
	04-3616193	 	Not Applicable
5.	Certificate of Status Desired	5.0 ee F	Additional uired

6. Name and Address of Current Registered Agent

MOSCONE, MARK P 2144 HARLANS RUN NAPLES, FL 34105

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

4-17-01

Daytime Phone #

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.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·				
Fi	iling Fee is \$50.00 ue by May 1, 2007	(NOTE Registered Agent eignature required when reinstatung)	8 50.00				
9.	MANAGING MEMBERS/MANAGERS						
NAME STREET ADDRESS CITY-ST-ZIP	MGR MOSCONE, MARK P 2144 HARLANS RUN NAPLES, FL 34105						
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	,				
TITLE NAME STREET ADDRESS D ZIP							
cm							
11. I her- indicate limited lia	rmation supplied with this filing does not of end accurate and that my signature sh receiver or trusted empowered to execu-	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify thiall have the same legal effect as if made under oath; that I am a managing member of outer this report as required by Chapter 608, Florida Statutes.	at the information or manager of the				