

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90120 031 ****50.00

DOCUMENT # L02000006891

1. Entity Name
GRASSY POINT ESTATES, LLC



Principal Place of Business
3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FL 34104

Mailing Address
3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FL 34104

60023370



DO NOT WRITE IN THIS SPACE

02212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
26-7932576

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, DEAN A
3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FL 34104

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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
ARNOLD, DEAN A
3073 SOUTH HORSESHOE DRIVE SUITE 118
NAPLES, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: _____

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

Date

Daytime Phone #

3/7/07

239-643-6333