


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**


03-20-2006 90200 045 \*\*\*\*\*55.00

<b>DOCUMENT # L02000007283</b>		
1. Entity Name <b>DESOTO PRESERVE, L.L.C.</b>		

Principal Place of Business <b>812 WILLOWWOOD LN NAPLES, FL 34108</b>	Mailing Address <b>812 WILLOWWOOD LN NAPLES, FL 34108</b>
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2. Principal Place of Business <b>5130 Desoto Rd</b>	3. Mailing Address <b>5130 Desoto Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Sarasota, FL</b>	City & State <b>Sarasota, FL</b>
Zip <b>34235</b>	Country <b>USA</b>

	
03032006 Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>01-0716498</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>BEVINS, DON 812 WILLOWWOOD LN NAPLES, FL 34108</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

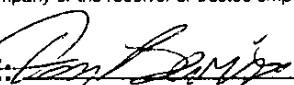
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when restating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BEVINS, DON 812 WILLOWWOOD LN NAPLES, FL 34108</b> <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:**  **Don Benn's** 3/14/06 239-572-7292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #