## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 04, 2006 8:00 am Secretary of State DOCUMENT # L02000015465 05-04-2006 90028 038 \*\*\*\*50.00 1. Entity Name ITHAKA HOLDINGS I, LLC Principal Place of Business Mailing Address 447 1ST AVENUE NORTH 447 1ST AVENUE NORTH NAPLES, FL 34102 NAPLES, FL 34102 01092006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0463102 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Harold J. mepre WEBRE, HAROLD J <del>የ</del>ሑ DO NOT WRITE 4001 TAMIAMI TRAIL NORTH, SUITE 300 GOODLETTE COLEMAN & JOHNSON, P.A. IN THIS SPACE 5. FLorida Ave NAPLES, FL 34103 ite 203 108EE a Keland 8. The above named er submits t ent 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 ed age (NOTE: Registered Agent signature SIGNATURE Filing Fee is \$50.00 Due by May 1, 2006 - MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME GOLDSMITH, JAN M 447 1ST AVENUE NORTH STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRI

**FILED**