

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90039 049 \*\*\*\*50.00

**DOCUMENT # L02000015490**

1. Entity Name  
ITHAKA HOLDINGS II, LLC



Principal Place of Business  
447 1ST AVENUE NORTH  
NAPLES, FL 34102

Mailing Address  
447 1ST AVENUE NORTH  
NAPLES, FL 34102

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
35-2190947

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WEBRE, HAROLD J ESQUIRE  
C/O GOODLETTE, COLEMAN & JOHNSON, P.A.  
4001 TAMiami TRAIL NORTH, SUITE 300  
NAPLES, FL FL341-03  
*Harold J. Webre, Jr.*  
*124 S. Florida Ave.*  
*Suite 203*  
*Lakeland, FL 33801*

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GOLDSMITH, JAN M
STREET ADDRESS	447 1ST AVENUE NORTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGRM
NAME	MALONE, LINDA R
STREET ADDRESS	5150 TAMiami TRAIL N., #403
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

*JAN Goldsmith* 4/27/06

Date

239-  
649-6489

Daytime Phone #