

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000019689

1. Entity Name  
TBN OF COLLIER COUNTY, L.L.C.



Principal Place of Business  
6301 SHIRLEY STREET  
NAPLES, FL 34109 US

Mailing Address  
6301 SHIRLEY STREET  
NAPLES, FL 34109 US



03012005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3875948

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

SHIMP, STEVEN C  
11941 FAIRWAY LAKES DRIVE  
FORT MYERS, FL 33913-8338

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME SHIMP, STEVEN C  
STREET ADDRESS 822 CYPRESS LAKE CIRCLE  
CITY - ST - ZIP FORT MYERS, FL 33919

TITLE MGRM  
NAME ALLEN, CHRISTOPHER L  
STREET ADDRESS 555 HICKORY ROAD  
CITY - ST - ZIP NAPLES, FL 34108

TITLE MGRM  
NAME TAYLOR, THOMAS M  
STREET ADDRESS 481 CARICA ROAD  
CITY - ST - ZIP NAPLES, FL 34108

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000274224  
03/24/05-80003-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 3/14/05 Daytime Phone # 239-566-

CHRISTOPHER L. ALLEN, MANAGING MEMBER

1661