

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019689

FILED
Jan 06, 2006
Secretary of State

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

Current Principal Place of Business:

6301 SHIRLEY STREET
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

6301 SHIRLEY STREET
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 22-3875948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIMP, STEVEN C
11941 FAIRWAY LAKES DRIVE
FORT MYERS, FL 339138338 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHIMP, STEVEN C
Address: 822 CYPRESS LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: ALLEN, CHRISTOPHER L
Address: 555 HICKORY ROAD
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: TAYLOR, THOMAS M
Address: 481 CARICA ROAD
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN C. SHIMP

MGRM

01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date