## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 22, 2007 8:00 am Secretary of State

DOCUMENT # L02000019689  1. Entity Name TBN OF COLLIER COUNTY, L.L.C.					02-22-2007 90276 048 ****50.00			50.00	
Principal Place of Business		Mailing Address			600175	587			
6301 SHIRLEY STREET		6301 SHIRLEY STREET							
NAPLES, FL 34109 US		NAPLES, FL 34109 US				456			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-LLC	CR2E08	33 (12/06)		
City & State		City & State		4. FEI Numb 22-387				oplied For ot Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		5.00 Add ee Require	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New I	Registered A	gent	
SHIMP, STEVEN C				Name Naples - Lawdock, Inc.					
11941 FAI		Ì			er is Not Acceptab				
FORT MY	ERS, FL 33913-8338		Ì		5 Panth	er Lane,	Suite	300	
			ł	City , r		C. CUITCI	<i>501, 7</i> C	Zip Cod	θ
8. The above	named entity submits this statement for	the ourpose of changing its	registere		N DIES stered agent, or bo	th. in the State of F	lorida. Lam fa	miliar with.	and accept
	ions of registered agent.	the perpede or onlinging no			otoroo ogom, or ot				and doodpt
SIGNATURE .	Signature, typed or printed name of registered agent a	and the if and health (APOT)					n. i		
			F. Redistored		uired when reinstation?				
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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 MUNAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #