

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000020153

1. Entity Name

CHAUTAUQUA CAPITAL, L.L.C.



Principal Place of Business

8473 BAY COLONY DRIVE, #502
NAPLES FL 34108

Mailing Address

8473 BAY COLONY DRIVE, #502
NAPLES FL 34108



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

14-1858397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, DANIEL J
8473 BAY COLONY DRIVE, #502
NAPLES FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-instating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME: MGRM ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP MORRIS, DANIEL
8473 BAY COLONY DR., #502
NAPLES FL 34108

TITLE
NAME: ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME: ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

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NAME: ☐ Delete
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NAME: ☐ Delete
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CITY-STATE-ZIP

TITLE
NAME: ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP U000000624757
02/14/07-80048-003 50.00

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

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NAME: ☐ Change ☐ Addition
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NAME: ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Daniel J Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/5/7

Date

(239) 513-1359

Daytime Phone #