

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000003258

1. Entity Name
ROPEWALK, L.L.C.



Principal Place of Business
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

Mailing Address
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082006 Chg-LLC CR2E083 (11/05)

4. FEI Number
57-1147728

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

MYERS, TROY H JR, ESQ
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

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 retaking filing)

DATE

Filing Fee is \$50.00
Due by May 1, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MYERS, TROY H JR, ESQ
STREET ADDRESS 2033 MAIN STREET, SUITE 600
CITY-STATE-ZIP SARASOTA, FL 34237 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
L030000439373
03/01/06-80043-025 50.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

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CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Delete

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

TROY H. MYERS, JR. as Manager 02/09/06

Date

(941) 953-8110

Daytime Phone #