## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **Secretary of State** 01-22-2007 90153 030 \*\*\*\*50.00 DOCUMENT #L03000003258 1. Entity Name ROPÉWALK, L.L.C. 60004721 Principal Place of Business Mailing Address 2033 MAIN STREET, SUITE 600 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 57-1147728 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MYERS, TROY H JR, ESQ Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237 Ą City 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 bite if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE ☐ Change ☐ Addition TITLE ☐ Delete MYERS, TROY H JR, ESQ NAME NAME 2033 MAIN STREET, SUITE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 frustee 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., Manager 01/17/2007

Date

FILED Jan 22, 2007 8:00 am

(941) 953-8110

Daytime Phone #