

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90182 030 \*\*\*\*50.00

<b>DOCUMENT # L03000005802</b> 1. Entity Name <b>EBENHOEH MANAGEMENT &amp; CONSULTING, L.L.C.</b>					
Principal Place of Business <b>1190 BAYDRIVE SANIBEL, FL 33957</b>			Mailing Address <b>PO BOX 1631 FORT MYERS, FL 33902</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1470 Royal Palm Sq Blvd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Fort Myers, FL</b>			
Zip	Country	Zip <b>33919</b>	Country		
6. Name and Address of Current Registered Agent  <b>METHENY, MARVIN L CPA % HUGHES, SNELL &amp; CO, P.A. 1470 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM EBENHOEH, JUERGEN 1190 BAYDRIVE SANIBEL, FL 33957</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR METHENY, MARVIN L 14 TOROYAL PALM SQUARE BLVD FORT MYERS, FL 33919</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>Walter M...</i></u> <b>1-26-07</b> <b>239-689-3012</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

60016121



01232007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**13-4248924**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**