

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90315 014 ****50.00

DOCUMENT # L03000008361

1. Entity Name
LELY TEMPUSTECH, LLC



Principal Place of Business
**8825 TAMiami TRAIL EAST
NAPLES, FL 34113**

Mailing Address
**8825 TAMiami TRAIL EAST
NAPLES, FL 34113**

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

03222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
68-0024278

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WISEMAN, TAMELA EADY ESQ
350 FIFTH AVE. SOUTH, STE. 203
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name **Constance M. Burke**

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

1107 West Marion Avenue Suite 112

City **Punta Gorda** **FL** Zip Code **33950**

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 *Constance Burke*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **DELANGE, LUIT**
STREET ADDRESS **8825 TAMiami TRAIL EAST**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **President** ☐ Change ☒ Addition
NAME **Mr. Luit de Lange**
STREET ADDRESS **8825 Tamiami Trail East**
CITY-ST-ZIP **Naples FL 34113**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Mr. Joseph D. Boff**
STREET ADDRESS **942 N. Collier Blvd**
CITY-ST-ZIP **Marco Island FL 34145**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Mr. Joel Ira Bobrow**
STREET ADDRESS **8825 Tamiami Trail East**
CITY-ST-ZIP **Naples FL 34113**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Mrs. Ulrike de Lange- Garner**
STREET ADDRESS **8825 Tamiami Trail East**
CITY-ST-ZIP **Naples FL 34113**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

Date

Daytime Phone #

4/18/07 *239 774 5333*