


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000012324</b> 1. Entity Name PAGE FIELD COMMERCIAL, LLC	
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Principal Place of Business 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103	Mailing Address C/O COLONIAL SQUARE REALTY PO BOX 10608 NAPLES, FL 34101
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04102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1878786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WOODWARD, MARK J 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000903493  
04/30/08-80050-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODWARD, MARK J 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON, CLIFFORD A 1048 GOODLETTE RD SUITE 201 NAPLES, FL 34102
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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:**  **CLIFFORD OLSON** **4-15-08** **239-261-2627**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #