

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000018182**

1. Entity Name  
MURNANE-FORTUNE, L.L.C.



Principal Place of Business  
2700 IMMOKALEE RD.  
#9  
NAPLES, FL 34110

Mailing Address  
2700 IMMOKALEE RD.  
#9  
NAPLES, FL 34110



04172007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
81-0612200

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COHEN & GRIGSBY, P.C.  
SUITE 309  
27200 RIVERVIEW CENTER BLVD.  
NAPLES, FL 34134

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

|                |                        |
|----------------|------------------------|
| TITLE          | MGR                    |
| NAME           | NOYES, HILARY F MRS    |
| STREET ADDRESS | 488 WORTHINGTON        |
| CITY-ST-ZIP    | NAPLES, FL 34145       |
| TITLE          | MGR                    |
| NAME           | WALBERT, PATTY A MRS   |
| STREET ADDRESS | 2159 HARLANS RUN       |
| CITY-ST-ZIP    | NAPLES, FL 34105       |
| TITLE          | MGR                    |
| NAME           | PHOENIX, CLAUDIA MRS   |
| STREET ADDRESS | 178 BERMUDA            |
| CITY-ST-ZIP    | MARCO ISLAND, FL 34145 |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

U00000743326  
05/15/07-80107-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Hilary F Noyes* Member *4-26* *239* *591-1616*