


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

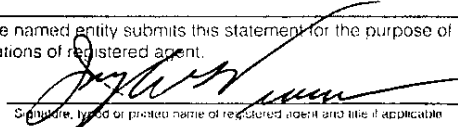
FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90009 019 ****50.00

DOCUMENT # L03000023225			
1. Entity Name 1235 S.E. 2ND PLACE, LLC			
Principal Place of Business 5235 NAUTILUS DRIVE CAPE CORAL FL 33904 US		Mailing Address 5235 NAUTILUS DRIVE CAPE CORAL FL 33904 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 10-1113	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CAPE CORAL FL	
Zip	Country	Zip	Country
33910		33910	USA

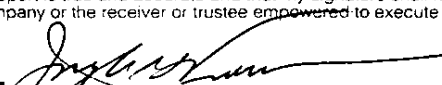


2nd MOORE CR2E083 (4/07)

6. Name and Address of Current Registered Agent VIACAVA, JOSEPH G JR 1415 HENDRY STREET FORT MYERS FL 33902		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007			

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIACAVA, LYNNE 5235 NAUTILUS DRIVE CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIACAVA, LEE C 5235 NAUTILUS DRIVE CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **7/18/2007** **v39 945-7425**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #