


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90340 030 \*\*\*143.75

<b>DOCUMENT # L03000024542</b> 1. Entity Name <b>LINDEN REAL ESTATE INVESTMENTS, LLC</b>					
Principal Place of Business <b>151 CONNERS AVENUE NAPLES, FL 34108 US</b>			Mailing Address <b>3200 TAMiami TRAIL NORTH SUITE 200 NAPLES, FL 34103 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1793 Supreme Court</b>		3. Mailing Address Suite, Apt. #, etc. <b>Naples FL 34110</b>			
City & State <b>Naples FL</b>		City & State <b>Naples FL</b>			
Zip <b>34110</b>	Country <b>US</b>	Zip <b>34110</b>	Country <b>US</b>	4. FEI Number <b>02-0697567</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LADEMAN, CARRIE E 3200 TAMiami TRAIL NORTH SUITE 200 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDEN, RICHARD V 151 CONNERS AVENUE NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDEN RICHARD V 1793 Supreme Court Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDEN, MARIA L 151 CONNERS AVENUE NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDEN, MARIA L 1793 Supreme Court Naples, FL 34110	<input checked="" 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.					
<b>SIGNATURE: <u>Maria L. Linden</u> MARIA L. Linden 2/22/08 (239) 593-0777</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					