

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT


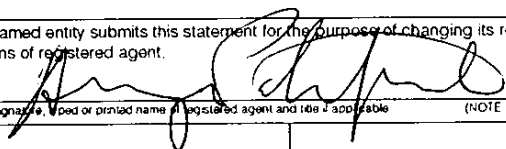
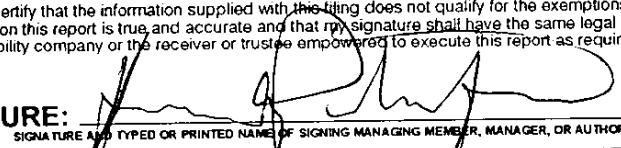
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2007 OCT 26 PM 3: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000031714</b>					
1. Entity Name TWELVE THOUSAND, LLC					
Principal Place of Business 783 CAL COVE DR. FORT MYERS, FL 33919			Mailing Address 783 CAL COVE DR. FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box # 15248 S. Tamiami Trail Suite, Apt. #, etc. #1000		3. Mailing Address 15248 S. Tamiami Trail Suite, Apt. #, etc. #1000			
City & State Fort Myers, FL Zip 33908 Country US		City & State Fort Myers, FL Zip 33908 Country US		4. FEI Number 04-3771787 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent GREEN, BRUCE D 1380 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Henry A. Porterfield Street Address (P.O. Box Number is Not Acceptable) 15248 S. Tamiami Trail #1000 City Fort Myers FL Zip Code 33908		
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 10/12/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROOKS, DONALD E 783 CAL COVE DRIVE FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Henry A. Porterfield 15248 S. Tamiami Trail Fort Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	LS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROOKS, CATHERINE M 783 CAL COVE DRIVE FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900111641769 11/02/07--01037--005 **50.00 <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		
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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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		
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: 			10/12/07 239-415-9099 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					