


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90185 001 \*\*\*\*50.00

<b>DOCUMENT # L03000033341</b>	
1. Entity Name <b>NAUTICAL HOMES LLC</b>	

Principal Place of Business <b>1701 NORTHWEST 6TH STREET CAPE CORAL FL 33993 US</b>	Mailing Address <b>1701 NORTHWEST 6TH STREET CAPE CORAL FL 33993 US</b>
--	--



2. Principal Place of Business - No P.O. Box # <b>2118 SW 25TH ST</b>	3. Mailing Address <b>2118 SW 25TH ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State <b>Cape Coral FL</b>	City & State <b>Cape Coral FL</b>
Zip <b>33914</b>	Country <b>Lee</b>
Country <b>Lee</b>	Country <b>Lee</b>

4. FEI Number <b>51-0481933</b>	Applied For <input type="checkbox"/> 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 <b>SMITH, BONNIE 1701 NORTHWEST 6TH STREET CAPE CORAL FL 33993</b>	
---	--

7. Name and Address of New Registered Agent	
Name <b>Smith Bonnie</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2118 SW 25TH ST</b>	
City <b>Cape Coral</b>	FL Zip Code <b>33914</b>

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>MGR SMITH, GREG 1701 NORTHWEST 6TH STREET CAPE CORAL FL 33993</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MGR Smith Greg 2118 SW 25TH ST Cape Coral FL 33914</b>	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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:

*Greg Smith*

**2-10-07 239 825-6219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Telephone