


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000036780 1. Entity Name ITHAKA, LLC	
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Principal Place of Business 1490 JEWEL BOX AVENUE NAPLES, FL 34102 US	Mailing Address 1490 JEWEL BOX AVENUE NAPLES, FL 34102 US
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 06-1712596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FOSTH ACCOUNTING, P.A. 501 GOODLETTE RD N STE D-304 NAPLES, FL 34102
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHIP HARRIS PA 550 5TH AVENUE S NAPLES, FL 34102
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<p>4000000943802 05/29/08-80074-011 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: CL Harris 4-29-08 239-370-0574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #