## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## FILED Mar 08, 2007 08:00 AM DOCUMENT # L03000037452 Secretary of State 1. Entity Namo DAYLIGHT REAL ESTATE BROKERAGE, L.L.C. Principal Place of Business Mailing Addross 5100 SOUTH CLEVELAND AVENUE, #318387 FT. MYERS FL 33907 5100 SOUTH CLEVELAND AVENUE, #318387 FT. MYERS FL 33907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 38-3691495 Not Applicable Ζιρ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BUCKLEY, J. PATRICK ESQ. Stroet Address (P.O. Box Number is Not Acceptable) 1633 S.E. 47TH TERRACE CAPE CORAL FL 33904 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, typed or printed name of registered agent and little 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE Change Addition NAME MEYERSON, ANDREW NAME STREET ADDRESS STREET ADDRESS 5100 SOUTH CLEVELAND AVENUE, #318387 CITY - ST - ZIF CITY+ST-7IP FT. MYERS FL 33907 ☐ Defete ШШ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP <del>── U00000660367</del> 03/19/07-80023**-00%** 55**-00** TITLE Delete HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete DILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete HILE Change | Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY - ST- 7IP 11. I horeby cortify 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 offect as if made under eath; 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.

Dale

Daytime Phone #

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