


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000049825 1. Entity Name 959 PERIWINKLE WAY, LLC	
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Principal Place of Business 959 PERIWINKLE WAY SANIBEL, FL 33957	Mailing Address 959 PERIWINKLE WAY SANIBEL, FL 33957
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0443085	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVELLI, JOANNE B
959 PERIWINKLE WAY
SANIBEL, FL 33957

**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: *J.B. Novelli* *J.B. Novelli* *4/28/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NOVELLI, JOANNE B 959 PERIWINKLE WAY SANIBEL, FL 33957
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05/21/08-90110-014 143.75

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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.

SIGNATURE: *J.B. Novelli* *J.B. NOVELLI* *4/22/08* *239-395-1220*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #