

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 13 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050384

1. Entity Name
11TH AVENUE DEVELOPMENT COMPANY, LLC



Principal Place of Business
544 1ST AVENUE SOUTH
NAPLES, FL 34102

Mailing Address
544 1ST AVENUE SOUTH
NAPLES, FL 34102



09122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0449639

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOUGHERTY, F. MICHAEL
544 1ST AVENUE SOUTH
NAPLES, FL 34102

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
STEPHEN J. LOCKWOOD & COMPANY, LLC
9 ATLANTIC AVE
MARBLEHEAD, MA 01945

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DOUGHERTY, F. MICHAEL
544 1ST AVENUE SOUTH
NAPLES, FL 34102

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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09/18/07--01067--023 **50.00

**DO NOT WRITE
IN THIS SPACE**

9-13-07
F. Michael Dougherty

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: F. Michael Dougherty

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

9/12/07 239 564 6657

Date

Daytime Phone #