


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051102 1. Entity Name 104 LINWOOD VILLAGE, LLC	
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Principal Place of Business 1037 FIFTH AVENUE NORTH NAPLES, FL 34102 US	Mailing Address 1037 FIFTH AVENUE NORTH NAPLES, FL 34102 US
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02162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3781543	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 GRABINSKI, MATTHEW L ESQ. 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000483189
04/11/06-80105-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR GULLIFIRD, JOHN T 1037 FIFTH AVENUE NORTH NAPLES, FL 34102
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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:  **John T Gullifird** 3/13/06 239-263-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #