


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90182 046 \*\*\*\*50.00

**DOCUMENT # L03000053148**

1. Entity Name  
**ERIK MOGELVANG, LLC**



Principal Place of Business  
**2450 NORTH ROAD  
 NAPLES, FL 34104**

Mailing Address  
**P.O. BOX 3316  
 NAPLES, FL 34106**

2. Principal Place of Business  
**912 Preacher Court**

3. Mailing Address  
**912 Preacher Court**

Suite, Apt. #, etc.



05032006 Chg-LLC CR2E083 (11/05)

City & State  
**Naples, FL**

City & State  
**Naples, FL**

Zip  
**34104** Country **U.S.A.**

Zip  
**34104** Country **U.S.A.**

4. FEI Number  
**20-1984204**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOGELVANG, L.P. CHRISTIAN  
 2450 NORTH ROAD  
 NAPLES, FL 34104**

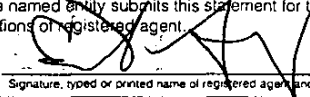
7. Name and Address of New Registered Agent

Name **Mogelvang, Erik**

Street Address (P.O. Box Number is Not Acceptable)  
**912 Preacher Court**

City **Naples** FL Zip Code **34104**

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  DATE **5/16/06**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by September 6, 2006**

**Make check payable to  
 Florida Department of State**


9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	MOGELVANG, CHRISTIAN I.P.	2450 NORTH ROAD	NAPLES, FL 34104	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGRM	Mogelvang, Erik	912 Preacher Court	Naples, FL 34104	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **5/11/06** DAYTIME PHONE # **239 643-5800**

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