2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000055781

1. Entity Name
CONSTITUTION 41, L.L.C.

Principal Place of Business	Mailing Address
5445 JAEGER ROAD NAPLES, FL 34109	5445 JAEGER ROAD NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

02112008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-0730206	Not Applicable

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

6. Name and Address of Current Registered Agent

CLAPPER, JOHN III
850 PARK SHORE DRIVE, SUITE 300
NAPLES, FL 34103

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 reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SOLDAVIRI-CLAPPER, BRIGID
STREET ADDRESS	5455 JAEGER RD.
CITY-ST-ZIP	NAPLES, FL 34109

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000858060
04/01/08-80029-023 138.75

DO NOT WRITE
IN THIS SPACE

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: _____   March 11, 2008   239-591-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #