

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001312

FILED
Apr 29, 2006
Secretary of State

Entity Name: MEDICI 12, LLC

Current Principal Place of Business:

C/O LANDMARK DEVELOPMENT GROUP
5692 STRAND COURT
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

C/O LANDMARK DEVELOPMENT GROUP
5692 STRAND COURT
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 20-0563994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN & GRIGSBY, P.C.
27200 RIVERVIEW CENTER BLVD.
SUITE 309
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIAMOND, MICHAEL
Address: 5692 STRAND COURT
City-St-Zip: NAPLES, FL 34110 US

Title: MGR () Delete
Name: GREENOUGH, NORMAN J
Address: 5692 STRAND COURT
City-St-Zip: NAPLES, FL 34110 US

Title: MGR () Delete
Name: PIERCE, CHRISTOPHER
Address: 5692 STRAND COURT
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL DIAMOND

MGR

04/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date