2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 09, 2007 8:00 am
Secretary of State
02-14-2007 90220 011 ****50.00

DOCUMENT # L04000003252

1. Entity Name
DONNA MASON LLC

Principal Place of Business	Mailing Address
17595 S. TAMIAMI 106 FORT MYERS, FL 33908	17595 S. TAMIAMI 106 FORT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

01122007No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0582125
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASON, DONNA
17595 S. TAMIAMI
106
FORT MYERS, FL 33908

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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: Donna L. Mason 3/7/07
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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MASON, DONNA
STREET ADDRESS	17595 S. TAMIAMI
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Donna L. Mason 3/7/07 (239) 437-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #