

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90372 041 \*\*\*\*50.00

60050000



04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-0693256  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

OSKEY, RONALD J  
3191-B HARBOR BLVD.  
PORT CHARLOTTE, FL 33952

## 7. Name and Address of New Registered Agent

Name  
950 Tamiami Trail  
Street Address  
STE 101  
Pt. Charlotte, FL 33953  
City  
FL Zip Code

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

4/18/07

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGRM  
OSKEY, RONALD J  
STREET ADDRESS  
3191-B HARBOR BLVD.  
CITY-ST-ZIP  
PORT CHARLOTTE, FL 33952 ☐ Delete

TITLE  
NAME  
MGRM  
DUNN, CAROL J  
STREET ADDRESS  
3191 HARBOR BLVD, STE B  
CITY-ST-ZIP  
PORT CHARLOTTE, FL 33952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
950 Tamiami Trail  
STREET ADDRESS  
STE 101  
CITY-ST-ZIP  
Pt. Charlotte, FL 33953 ☒ Change ☐ Addition

TITLE  
NAME  
950 Tamiami Trail  
STREET ADDRESS  
STE 101  
CITY-ST-ZIP  
Pt. Charlotte, FL 33953 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]*

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

4/18/07

Date

941-629-8886

Daytime Phone #