

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2007 90372 038 ****50.00

60038863



04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-3374560** Applied For Not Applicable

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

DOCUMENT # L04000014073
 1. Entity Name
CITY VIEW CONDOMINIUMS, LLC



Principal Place of Business
**3191-B HARBOR BLVD
 PORT CHARLOTTE, FL 33952**

Mailing Address
**3191-B HARBOR BLVD
 PORT CHARLOTTE, FL 33952**

2. Principal Place of Business - No P.O. Box #
**950 Tamiami Trail
 STE 101
 Pt. Charlotte, FL 33953**

3. Mailing Address
**950 Tamiami Trail
 STE 101
 Pt. Charlotte, FL 33953**

6. Name and Address of Current Registered Agent

**DUNN, CAROL J
 3191-B HARBOR BLVD
 PORT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent

Name **950 Tamiami Trail**
 Street A **STE 101**
 City **Pt. Charlotte, FL 33953**
 State **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 *Carol J. Dunn* (NOTE: Registered Agent signature required when reinstating) 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	DUNN, CAROL J	3191-B HARBOR BLVD	PORT CHARLOTTE, FL 33952	<input 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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	950 Tamiami Trail	STE 101	Pt. Charlotte, FL 33953	<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"/>	<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: *Carol J. Dunn* DATE 4/18/07 DAYTIME PHONE # 941-629-8886