

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000015171 1. Entity Name STEVENS GATOR ROAD, LLC	
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Principal Place of Business 16710 GATOR ROAD FORT MYERS, FL 33912	Mailing Address 16710 GATOR ROAD FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0790716	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

**KEELEY, PETER L
5551 RIDGEWOOD DRIVE, SUITE 501
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN
NAPLES, FL 34108**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

**000000729342
05/08/07-80037-008 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVENS, JEFFREY B 16710 GATOR ROAD FORT MYERS, FL 33912
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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:  **4.23.07** **239-415-7554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #