

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019986

FILED
Jun 04, 2007
Secretary of State

Entity Name: RADIUS ENTERPRISES, L.L.C.

Current Principal Place of Business:

348 WIMBLEDON LANE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

348 WIMBLEDON LANE
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JULIE, MANGINI
348 WIMBLEDON LANE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

DRAKE, JULIE
12800 UNIVERSITY DRIVE
350
FORT MYERS, FL 33907 US

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: JULIE DRAKE

06/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: HOPKINS-MANGINI, JANIS R
Address: 348 WIMBLEDON LANE
City-St-Zip: NAPLES, FL 34104 US

Title: VP (X) Delete
Name: MANGINI, JULIE
Address: 348 WIMBLEDON LANE
City-St-Zip: NAPLES, FL 34104 FL

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOPKINS-MANGINI, JANIS R
Address: 348 WIMBLEDON LANE
City-St-Zip: NAPLES, FL 34104 US

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

I hereby certify that the information supplied with this filing does not qualify 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: JANIS HOPKINS-MANGINI

MGR

06/04/2007

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