## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000021999

1. Entity Name

BORGHESE ELEVEN, LLC



Principal Place of Business

1450 BORGHËSE LANE, UNIT 101 NAPLES, FL 34114 Mailing Address

522 W. GOURLEY PIKE BLOOMINGTON, IN 47404 FILED Jan 29, 2007 08:00 AM Secretary of State



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 06-1720430

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENS, CAROL L 1450 BORGHESE LANE, UNIT 101 NAPLES, FL 34114

## 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.

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	MGRM
NAME	STEVENS, JEFFERY A
STREET ADDRESS	522 W. GOURLEY PIKE
CITY+ST-ZIP	BLOOMINGTON, IN 47404
TITLE	MGRM
NAME	STEVENS, CAROL L
STREET ADDRESS	522 W. GOURLEY PIKE
CITY-ST-ZIP	BLOOMINGTON, IN 47404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
City-St-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
· NAME · ·	# 1 * *
STREET ADDRESS	• • • • • • •
CiTY-ST-ZiP	<b>)</b>
14. I hereby certify that the information expedied with this filling does not qualify for the or	

U00000606677 01/31/07-80006-024 55.00

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 eath; 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:

NOR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

22/07

817-333-8360

Daytime Phone #