2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000028574

1. Entity Name
FRANK M. EWING LLC

Principal Place of Business	Mailing Address
LE PARC 501 4951 GULF SHORE BLVD. NORTH NAPLES, FL 34103	LE PARC 501 4951 GULF SHORE BLVD. NORTH NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
57-8019923	Not Applicable

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

---

6. Name and Address of Current Registered Agent

EWING, FRANK M
LE PARC 501
4951 GULF SHORE BLVD. NORTH
NAPLES, FL 34103

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)

U00000381568
01/11/06-80061-002 50.00

DATE

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	EWING, FRANK M
STREET ADDRESS	LE PARC 501, 4951 GULF SHORE BLVD. NORTH
CITY-ST-ZIP	NAPLES, FL 34103

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _Frank M. Ewing_   1/6/06   239-261-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #