


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000028574 1. Entity Name FRANK M. EWING LLC	
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Principal Place of Business LE PARC 501 4951 GULF SHORE BLVD. NORTH NAPLES, FL 34103	Mailing Address LE PARC 501 4951 GULF SHORE BLVD. NORTH NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



01062007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 57-8019923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EWING, FRANK M LE PARC 501, 4951 GULF SHORE BLVD. NORTH NAPLES, FL 34103
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**DO NOT WRITE
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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

1/6/07

239-261-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #