## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000029831

1. Entity Name **BISCUIT CITATION, LLC** 



Principal Place of Business Mailing Address

8889 PELICAN BAY BLVD, #403 NAPLES, FL 34108

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**FILED** Jan 24, 2007 08:00 AM Secretary of State



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01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 77-0634155 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATTS-FITZGERALD, ABIGAIL C C/O HUNTON & WILLIAMS LLP 1111 BRICKELL AVE, STE 2500 MIAMI, FL 33131

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<ol><li>The above named entity submits this statement for the purpose of cha the obligations of registered agent.</li></ol>	inging its registered office or registered agent, or both, in the St	ate of Florida. I am familiar with, and	d accept
	•		,
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			

U000000602100 01/26/07-80076-004 50.00

MANAGING MEMBERS/MANAGERS 9. MGR DILE NAME POLK, SAMUEL S 8889 PELICAN BAY BLVD, #403 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 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 1ITLE STREET ADDRESS CITY+ST-ZIP

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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.