2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L04000031570

Entity Name: EL PHILEMON, LLC

Current Principal Place of Business:

5051 CASTELLO DRIVE
SUITE 202
NAPLES, FL 34103

New Principal Place of Business:

5811 PELICAN BAY BLVD.
SUITE 600
NAPLES, FL 34108

Current Mailing Address:

5051 CASTELLO DRIVE
SUITE 202
NAPLES, FL 34103

New Mailing Address:

5811 PELICAN BAY BLVD.
SUITE600
NAPLES, FL 34108

FEI Number: 20-1157666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
ATTN: AARON A. FARMER
5811 PELICAN BAY BLVD, SUITE 600
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NAVARRA, MARC
Address: 5051 CASTELLO DRIVE, SUITE 202
City-St-Zip: NAPLES, FL 34103

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NAVARRA, MARC
Address: 5811 PELICAN BAY BLVD STE. #600
City-St-Zip: NAPLES, FL 34108

Title: MGR ( ) Change (X) Addition
Name: NAVARRA, MARC
Address: 5811 PELICAN BAY BLVD. STE.#600
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the 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: MARC NAVARRA MGR 01/15/2007

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