## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000031964** 

1. Entity Name D11, LLC



FILED Mar 19, 2007 08:00 AM Secretary of State

Daytime Phone P

Principal Place of Business 20020 VETERANS BOULEVARD SUITE 7-9 PORT CHARLOTTE, FL 33954 Mailing Address 20020 VETERANS BOULEVARD SUITE 7-9 PORT CHARLOTTE, FL 33954



DO NOT WRITE IN THIS SPACE

01112007 No Chg-LLC CR2E083 (11/05)

| 4. FEI Number                    | Applied For       |
|----------------------------------|-------------------|
| 20-0961658                       | Not Applicable    |
| 5. Certificate of Status Desired | \$5.00 Additional |

6. Name and Address of Current Registered Agent

WEILER, JEFF R 20020 VETERANS BOULEVARD SUITE 7-9 PORT CHARLOTTE, FL 33954 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. (N | NOTE: Registered Agent signature required when reinstating)  DATE  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  |  |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS  | - Professional Control of the Contro |  |  |
| TITLE  | MGRM   |  |  |  |
| NAME<br>STREET ADDRESS   | WEILER, JEFF R<br>108 GILL STREET  |  |  |  |
| CITY-ST-ZIP  | PUNTA GORDA, FL 339503613  |  |  |  |
| TITLE  |  | 100000673259   |  |  |
| NAME   |  | 000000673258<br>03/29/07-80022-011 55.00   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  |  |  |
| TITLE  |  |  |  |  |
| NAME   |  |  |  |  |
| STREET ADDRESS   |  | DO NOT WRITE   |  |  |
| CITY-ST-ZIP  |  |  |  |  |
| NAME   |  | IN THIS SPACE  |  |  |
| STREET ADDRESS   |  |  |  |  |
| CITY-ST-ZIP  |  | - In the second  |  |  |
| TITLE<br>NAME  |  |  |  |  |
| STREET ADDRESS   |  |  |  |  |
| CITY-ST-ZIP  |  |  |  |  |
| TITLE  |  | A State of the sta |  |  |
| NAME<br>STREET ADDRESS   |  |  |  |  |
| CITY-ST-ZIP  |  |  |  |  |
| 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. |  |  |  |  |