2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 08:00 All Secretary of State

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|--|--|--------------------------------------|---------------------------------|--------------|----------------------------|--|--------------------------------|----------------------------|---------------------------|-----------------------------|
| 1. Entity Nam | | # L04000032 SE, LLC | 716 | | | | | | | |
| Principal Plac | ce of Business | • | Mailing Address | | |] | | | | |
| 12800 UNIVERSITY DR | | | 12800 UNIVERSITY DR | | | | | | | |
| STE 350 | | | STE 350 | | | | | | | |
| FORT MYERS | S, FL 33907 | US | FORT MYERS, FL 33907 US | | | 1 (88 18 18 18 18 18 18 18 | III BBIII BISKI PBKI BBIII BBI | (1) FF(\$16 ((1) () | 1811 (228) PID S | HERFIII ISBI |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 03132007 | Chg-LLC | CR2E | 083 (12/06) | |
| City & State | | | · City & State | | | 4. FEI Numl 20-10 | | | | oplied For of Applicable |
| Zip | | Country | Zip | Cour | ntry | | e of Status Desired | | \$5.00 Add Fee Require | |
| | 6. Name | and Address of Current F | 7 | | | 7. Name an | d Address of New F | legistered | Agent | |
| BOLANOS TRUXTON, P.A. | | | | | Name . | | | | | |
| | | | Street Address | | | P.O. Box Numl | per is Not Acceptable | 9) | | |
| 12800 UNIVERSITY DR STE 350 | | | 555.7.1541635 | | | | | | | |
| FORT MY | ERS, FL 3 | 3907 | | | | | | | | ļ |
| | | | | | City | | | FL | Zip Cod | e |
| • The state of | | | | | | | | | <u> </u> | |
| | e named entity tions of registe | | the purpose of changing its | registeri | ed office or register | eu agent, of b | om, in the State of Fit | люа. ram | iamiliar with, | and accept |
| | | • | | | | | | | | • |
| SIGNATURE . | Signature, typed o | r printed name of registered agent a | nd bite if applicable (NOT | E: Registere | d Agent signature required | when reinstating) | | DATE | • | |
| Fi D | iling Fee is ue by May | \$50.00 1, 2007 | | | | | | e check p a Departm | ayable to ent of Stat | • |
| 9. | | MANAGING MEMBER | S/MANAGERS 10. | | | | ADDITIONS | CUANCE | | |
| TITLE | MGR | MANAGING MEMBER | Delete | TITLI | . | | ADDITIONS | CHANGES | ☐ Change | ☐ Addition |
| NAME | TASMAN, GARY L | | | | E | | | | | |
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| STREET ADDRESS CITY-ST-ZIP | <u> </u> | | | | -ST-ZIP | | | | | |
| | entification the | information greatled with t | his filing does not qualify for | | | n Chanter 110 | Florida Statutos 16 | irthor cortifi | that the info | rmation |
| indicated | on this report | is true and accurate and t | hat my signature shall have: | the same | e legal effect as if m | ade under oat | h; that I am a manag | ing membe | r or manage | r of the |
| limited lia | bility company | or the receiver or trustee | empowered to execute this | report as | required by Chapte | er 608, Florida | Statutes. | | | |
| | | 11/19 | · / · / | / | - | 1 | / / | | | |
| SIGNAT | URE: 🚣 | My L | - GAR 46 | IAS. | man 1 | 439 4 | 15/67 | Z35 | 7-4/ | 0-964 |
| | SIGNATURE AN | D TYPED OR PRINTED NAME OF | SIGNING MANAGING MEMBER, MAN | IAGER, OR | AUTHORIZED REPRESEN | TATIVE | Cale | D | aytıme Phone e | |