


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90066 034 ***138.75

DOCUMENT # L04000034169	
1. Entity Name A-1 PATIOS, L.L.C.	

Principal Place of Business 1754 BEVERLY DR NAPLES, FL 34114	Mailing Address 1754 BEVERLY DR NAPLES, FL 34114
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

60003437



01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 86-1105988	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
HENDRICKS, SHARON 28041 WESTBROOK DRIVE BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent
Name MARY ELLIS
Street Address (P.O. Box Number is Not Acceptable) 1754 BEVERLY DR NA
City NAPLES FL Zip Code 34114

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 Mary Ellis	DATE 1-15-08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIS, HOWARD 1754 BEVERLY DR NAPLES, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mary Ellis	Date 1-15-08 Daytime Phone # 239 4224 417-3404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	