

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035754

FILED
May 18, 2007
Secretary of State

Entity Name: COLLIER COUNTY CHOPPERS LLC

Current Principal Place of Business:

1100 COMMERCIAL BLVD
112
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

109 SANCTUARY DR
3-B
ISLAND LAKE, IL 60042

New Mailing Address:

FEI Number: 28-2108191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DELAURENTIS, DENISE M
6618 NEW HAVEN CIRCLE
NAPLES, FL 34109 US

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: MGRM () Delete
Name: DELAURENTIS, DENISE M
Address: 6618 NEW HAVEN CIR
City-St-Zip: NAPLES, FL 34109 US

Title: MGR () Delete
Name: NOCCERA, DAVID G
Address: 1100 COMMERCIAL BLVD, # 112
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: NOCERA, DAVID G
Address: 1100 COMMERCIAL BLVD, # 112
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify 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: DAVID NOCERA

MGR

05/18/2007

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