### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L04000038299

Entity Name

**CLOCK TOWER BUSINESS PARK, LLC** 



Principal Place of Business

515 TERRACINA WAY NAPLES, FL 34119

SIGNATURE:

Mailing Address

515 TERRACINA WAY NAPLES, FL 34119

## FILED Feb 12, 2007 8:00 am Secretary of State

02-12-2007 90307 028 \*\*\*\*55.00

60014847



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 75-3156650

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEEPLES, C. PERRY ESQ. % GARLICK, STETLER & PEEPLES, LLP 5551 RIDGEWOOD DRIVE, SUITE 101 NAPLES, FL 34108

# 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 Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Speed or printed name of registered agent and title if applicable.  (NOTE! Registered Agent signature required when reinstating)  DATE |                                |               |
|---|--------------------------------|---------------|
| Filing Fee is \$50.00<br>Due by May 1, 2007   |                                |               |
| 9.<br>TITLE   | MANAGING MEMBERS/MANAGERS MGRM |               |
| NAME  | SALCE, ANTHONY H JR.           |               |
| STREET ADDRESS  | 3292 GREEN DOLPHIN LANE        |               |
| CITY-ST-ZIP   | NAPLES, FL 34102               |               |
| TITLE   |                                |               |
| NAME<br>STREET ADORESS  |                                |               |
| CITY-ST-ZIP   |                                |               |
| TITLE   |                                |               |
| NAME  |                                |               |
| STREET ADDRESS  |                                | DO NOT WRITE  |
| CITY-ST-ZIP   |                                |               |
| TITLE<br>NAME   |                                | IN THIS SPACE |
| STREET ADDRESS  |                                |               |
| CITY-ST-ZIP   |                                |               |
| TITLE   |                                |               |
| NAME  |                                |               |
| STREET ADORESS<br>CITY-ST-ZIP   |                                |               |
| TITLE   |                                |               |
| NAME  |                                |               |
| STREET ADDRESS  |                                |               |
| OTTY OT TID   |                                | 1             |

11. I hereby certify that the information supplied with this filling 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.