

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90164 035 ***143.75

DOCUMENT # L04000038299																																																																																																																																			
1. Entity Name CLOCK TOWER BUSINESS PARK, LLC																																																																																																																																			
Principal Place of Business 515 TERRACINA WAY NAPLES, FL 34119			Mailing Address 515 TERRACINA WAY NAPLES, FL 34119																																																																																																																																
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6. Name and Address of Current Registered Agent PEEPLES, C. PERRY ESQ. % GARLICK, STETLER & PEEPLES, LLP 5551 RIDGEWOOD DRIVE, SUITE 101 NAPLES, FL 34108			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 5px;">City</td> </tr> <tr> <td style="padding: 5px; width: 50%;">FL</td> <td style="padding: 5px;">Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code																																																																																																																						
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																																																			
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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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.																																																																																																																																			
<table style="width:100%;"> <tr> <td style="width: 60%; vertical-align: bottom;"> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </td> <td style="width: 20%; vertical-align: bottom;"> 4-3-08 <small>Date</small> </td> <td style="width: 20%; vertical-align: bottom;"> 234-304-1161 <small>Daytime Phone #</small> </td> </tr> </table>						SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	4-3-08 <small>Date</small>	234-304-1161 <small>Daytime Phone #</small>																																																																																																																											
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