

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90327 037 ****55.00

DOCUMENT # L04000039730



1. Entity Name
MEXI-GULF DEVELOPMENT, LLC

Principal Place of Business Mailing Address
2606 SOUTH HORSESHOE DRIVE **2606 SOUTH HORSESHOE DRIVE**
NAPLES, FL 34104 US **NAPLES, FL 34104 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3530 KRAFT ROAD **3530 KRAFT ROAD**
SUITE 300 **SUITE 300**
NAPLES, FL 34105 **NAPLES, FL 34105**

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-1165942 Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEZESHKAN, FRED
3520 KRAFT ROAD
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SEHAYEK, RAYMOND
STREET ADDRESS ~~2606 SOUTH HORSESHOE DRIVE~~
CITY-ST-ZIP ~~NAPLES, FL 34104~~

TITLE VP ☐ Delete
NAME MACIVOR, THOMAS A
STREET ADDRESS ~~366 6TH AVE SOUTH SUITE 201~~
CITY-ST-ZIP ~~NAPLES, FL 34102~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME 3530 KRAFT ROAD
STREET ADDRESS SUITE 300
CITY-ST-ZIP NAPLES, FL 34105

TITLE ☒ Change ☐ Addition
NAME 3530 KRAFT ROAD
STREET ADDRESS SUITE 300
CITY-ST-ZIP NAPLES, FL 34105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Thomas A. Macivor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/07 (239) 434-0600
Date Daytime Phone #