

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000043510

1. Entity Name
300, LLC



Principal Place of Business
**5770 SHIRLEY STREET
 NAPLES, FL 34109**

Mailing Address
**5770 SHIRLEY STREET
 NAPLES, FL 34109**

DO NOT WRITE IN THIS SPACE



04122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1241008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOOD, DOUGLAS A
 1000 NORTH TAMiami TRAIL
 SUITE 201
 NAPLES, FL 34102**

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when retitling) _____ DATE _____

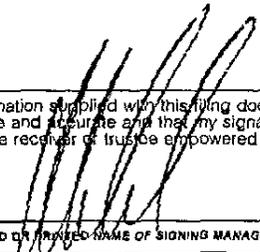
**Filing Fee is \$50.00
 Due by May 1, 2006**

000000540997
 05/10/06-80040-016 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEL DUCA, MICHAEL 5770 SHIRLEY STREET NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: **4/14/06** Daytime Phone #: **239-516-1101**