## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000047803

Name:

Entity Name: CRABAPPLE DEVELOPMENT OF SW FLORIDA, LLC

FILED Jan 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

13300-56 SOUTH CLEVELAND AVE., PMB-236 11300 LINDBERGH BLVD. SUITE 103 FORT MYERS, FL 33907

FORT MYERS, FL 33913

**Current Mailing Address: New Mailing Address:** 

13300-56 SOUTH CLEVELAND AVE., PMB-236 11300 LINDBERGH BLVD. SUITE 103

FORT MYERS, FL 33907 FORT MYERS, FL 33913

FEI Number: 90-0177124 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OWENS, BRIAN OWENS, BRIAN

13300-56 SOUTH CLEVELAND AVE., PMB-236 11300 LINDBERGH BLVD. SUITE 103 FORT MYERS, FL 33907 FORT MYERS, FL 33913

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: BRIAN OWENS 01/12/2007

> Electronic Signature of Registered Agent Date

> > Name:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition

OWENS, BRIAN OWENS, BRIAN Address: 13300-56 S. CLEVELAND AVE., PMB 236 Address: 11300 LINDBERGH BLVD. SUITE 103

City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: BRIAN OWENS **MGRM** 01/12/2007