

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051703

FILED
May 01, 2006
Secretary of State

Entity Name: 3150 S.W. PINE ISLAND ROAD, L.L.C.

Current Principal Place of Business:

4353 MICHIGAN LINK
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

4353 MICHIGAN LINK
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 02-0726992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAUTHEN, JOHNSON W
4353 MICHIGAN LINK
FORT MYERS, FL 33916 US

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAUTHEN, JOHNSON W
Address: 4353 MICHIGAN LINK
City-St-Zip: FORT MYERS, FL 33916

Title: MGRM () Delete
Name: O'DONNELL, ALBERT
Address: 4291 WILLIAMS RD
City-St-Zip: ESTERO, FL 339282939

Title: MGRM () Delete
Name: O'DONNELL, PATRICIA
Address: 4291 WILLIAMS RD
City-St-Zip: ESTERO, FL 339282939

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. 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: JOHNSON W CAUTHEN

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date