

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000053682

**FILED**  
**Jul 10, 2008**  
**Secretary of State****Entity Name:** COLLIER SEAWALL & DOCK, LLC**Current Principal Place of Business:**217 N COLLIER BLVD, #103  
MARCO ISLAND, FL 34145**New Principal Place of Business:****Current Mailing Address:**217 N COLLIER BLVD, #103  
MARCO ISLAND, FL 34145**New Mailing Address:****FEI Number:** 43-2056029**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MINCK, LINDA R ESQ.  
PORTER WRIGHT MORRIS & ARTHUR LLP  
5801 PELICAN BAY BLVD., STE. 300  
NAPLES, FL 341087 US**Name and Address of New Registered Agent:**

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: CARMIGNANI, A. BROOKS  
Address: 785 DOVE COURT  
City-St-Zip: MARCO ISLAND, FL 34145Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGR (X) Change ( ) Addition  
Name: CARMIGNANI, A. BROOKS  
Address: 785 DOVE COURT  
City-St-Zip: MARCO ISLAND, FL 34145 USTitle: VP ( ) Change (X) Addition  
Name: GILMORE, BRIAN M  
Address: 217 NORTH COLLIER BLVD., #103  
City-St-Zip: MARCO ISLAND, FL 34145 US

I hereby certify that the information supplied with this filing does not qualify 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: A. BROOKS CARMIGNANI

MGR

07/10/2008

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