
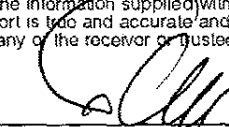


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 05, 2007 08:00 AM**  
**Secretary of State**

|  |  |                                 |   |  |   |
|--|--|---------------------------------|---|--|---|
| <b>DOCUMENT # L04000058871</b><br>1. Entity Name<br><b>MARQUESA PLAZA, LLC</b>   |  |                                 |   |   |   |
| Principal Place of Business<br><b>11983 TAMiami TRAIL NORTH<br/>SUITE 100<br/>NAPLES FL 34110</b>  |  |                                 | Mailing Address<br><b>11983 TAMiami TRAIL NORTH<br/>SUITE 100<br/>NAPLES FL 34110</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt #, etc.   |  |                                 | 3. Mailing Address<br>Suite, Apt #, etc.  |  |   |
| City & State   |  |                                 | City & State  |  |   |
| Zip  |  | Country                         |   | 4. FEI Number<br><b>20-1559525</b>   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |                                 |   | Applied For<br>Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATE REGISTERED AGENT, LLC<br/>5147 CASTELLO DRIVE<br/>NAPLES FL 34103</b>  |  |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____  |  |                                 |   |  |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>   |  |                                 |   | <b>U000000620512</b><br><b>02/09/07-80040-018 50.00</b>  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                                 |   | <b>10. ADDITIONS/CHANGES</b>   |   |
| TITLE  | NAME   | <input type="checkbox"/> Delete | TITLE   | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS   | <b>HOVLAND, STEVEN</b>                                       |                                 | STREET ADDRESS  |  |   |
| CITY ST ZIP  | <b>11983 TAMiami TRAIL N., SUITE 100<br/>NAPLES FL 34110</b> |                                 | CITY ST ZIP   |  |   |
| TITLE  |  | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS   |  |                                 | STREET ADDRESS  |  |   |
| CITY ST ZIP  |  |                                 | CITY ST ZIP   |  |   |
| TITLE  |  | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS   |  |                                 | STREET ADDRESS  |  |   |
| CITY ST ZIP  |  |                                 | CITY ST ZIP   |  |   |
| TITLE  |  | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS   |  |                                 | STREET ADDRESS  |  |   |
| CITY ST ZIP  |  |                                 | CITY ST ZIP   |  |   |
| TITLE  |  | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS   |  |                                 | STREET ADDRESS  |  |   |
| CITY ST ZIP  |  |                                 | CITY ST ZIP   |  |   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |  |                                 |   |  |   |
| <b>SIGNATURE:</b>   |  |                                 |   | <b>1-31-07 (239) 594-7777</b>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                                 |   |  |   |