

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90307 027 ****55.00

DOCUMENT # L04000064103

1. Entity Name
LEMURIA, LLC



Principal Place of Business
**575 TERRACINA WAY
NAPLES, FL 34119**

Mailing Address
**575 TERRACINA WAY
NAPLES, FL 34119**

60014848



DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
90-0193328

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEEPLES, C. PERRY ESQ
C/O GARLICK, STETLER & PEEPLES, LLP
5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 34108**

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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

Signature, typed or printed name of registered agent and title if applicable.

MANAGING MEMBER
ANTHONY SALCE JR

2-8-07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SALCE, ANTHONY H JR
3292 GREEN DOLPHIN LANE
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

2-6-07 **239-204-1161**

Date

Daytime Phone #