

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065717

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** GUTHRIE REAL ESTATE & DEVELOPMENT, LLC

**Current Principal Place of Business:**

227 SANTA MONICA  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

11977 PRINCE CHARLES CT.  
CAPE CORAL, FL 33991

**Current Mailing Address:**

227 SANTA MONICA  
CAPE CORAL, FL 33904

**New Mailing Address:**

11977 PRINCE CHARLES CT.  
CAPE CORAL, FL 33991

**FEI Number:** 20-1733144

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOHLRABE, ROBERT  
28521 SOMBRERO DR.  
BONITA SPRINGS, FL 34135 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: MGRM ( ) Delete  
Name: GUTHRIE, RALPH V  
Address: 227 SANTA MONICA  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGR ( ) Delete  
Name: WOHLRABE, ROBERT N  
Address: 28521 SOMBRERO DR.  
City-St-Zip: BONITA SPRINGS, FL 34135 FL

Title: MGR ( ) Delete  
Name: BROWNELL, JOANN C  
Address: 28521 SOMBRERO DR.  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGR (X) Delete  
Name: GUTHRIE, HAROLD T  
Address: 523 SE 34TH TERR.  
City-St-Zip: CAPE CORAL, FL 33904 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GUTHRIE, HAROLD T  
Address: 11977 PRINCE CHARLES CT  
City-St-Zip: CAPE CORAL, FL 33991 US

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 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: HARPLD T. GUTHRIE

MGRM

04/30/2007

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