

FILED
Mar 31, 2008 08:00 AM
Secretary of State



Mailing Address
13300-56 S CLEVELAND AVE
215
FORT MYERS, FL 33907 US

DO NOT WRITE IN THIS SPACE



CR2E083 (12/07)

Applied For
Not Applicable

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE
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.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

04/11/08-80039-016 143.75

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BODDISON, WAASY J OWNER
STREET ADDRESS	1383 CURRIER
CITY - ST - ZIP	FORT MYERS, FL 33919

TITLE	MGRM
NAME	VAN GORP, PETER J OWNER
STREET ADDRESS	14186 REFLECTION LAKES DRIVE
CITY - ST - ZIP	FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date:

Daytime Phone: _____