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Apr 05, 2007 8:00 am
Secretary of State
03-22-2007 90176 015 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000081087

1. Entity Name
SAILOR ASSOCIATES, LLC

30004205

Principal Place of Business	Mailing Address
9101 W. COLLEGE POINTE DR. SUITE 1 FORT MYERS, FL 33919 US	9101 W. COLLEGE POINTE DR. SUITE 1 FORT MYERS, FL 33919 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02272007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-1852947 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KINSEY, JAMES E JR
~~PO BOX 1662~~
FORT MYERS, FL ~~33902~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 9101 W College Pointe DR Suite 1
City: FL Zip Code 33919

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] 4/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM~~ KINSEY, JAMES E JR 9101 W. COLLEGE POINTE DR. STE 1 FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR	☒ Change ☐ Addition
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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] JAMES E KINSEY JR 3/19/07 239 939-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #