


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000081275  
 1. Entity Name  
 2628 PONCE DE LEON DRIVE, LLC



Principal Place of Business      Mailing Address  
 1037 FIFTH AVENUE NORTH      1037 FIFTH AVENUE NORTH  
 NAPLES, FL 34102 US      NAPLES, FL 34102 US

**DO NOT WRITE IN THIS SPACE**



01142008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-1871892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 GRABINSKI, MATTHEW L  
 4001 TAMIAMI TRAIL N.  
 #300  
 NAPLES, FL 34103

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

UD00000824481  
 04/17/08-2008-004 138.75


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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THORNHILL, GLENN OSWALD 1037 5TH AVE N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRT GULLIFORD, JOHN T 1037 5TH AVE, N NAPLES, FL 34102
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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:       4/2/08      239.263.4224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

John T. Gulliford