

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90150 029 ****50.00

DOCUMENT # L04000086392					
1. Entity Name 2 3/8 LLC					
Principal Place of Business 1000 ADMIRALTY PARADE NAPLES, FL 34102			Mailing Address C/O JAD CONSULTING, LLC 61 BROADWAY, SUITE 1710 NEW YORK, NY 10006		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01112006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-1939205				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLASP INC. 3001 TAMiami TRAIL NORTH, 4TH FLOOR NAPLES, FL 34103			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YUNKER, BRYANT JR 1000 ADMIRALTY PARADE NAPLES, FL 34102	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NANCY YUNKER, NANCY B 1000 ADMIRALTY PARADE NAPLES, FL 34102	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YUNKER, NANCY B. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YUNKER, DOROTHY 1000 ADMIRALTY PARADE NAPLES, FL 34102	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4233 GORDON DRIVE NAPLES, FL 34102 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>X B J</u>				(212) 509-3525	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

ATTACHMENT

20003494
#209000086392

JAD CONSULTING, LLC

61 BROADWAY - SUITE 1710

NEW YORK, NY 10006

JOSEPH DE MAIO

E-MAIL: JDEMAIO@JADLLC.COM

TEL # (212) 509-3525

FAX # (212) 509-3527

January 23, 2006

via Certified Mail - Return Receipt Requested

Division of Corporations

P.O. Box 6478

Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find the 2006 *Limited Liability Company Annual Report* for the entities listed below and checks representing the filing fees.

<u>Entity Name</u>	<u>Payment Enclosed</u>
2 3/8 LLC	\$50
4 3/4 LLC	50
9 1/2 LLC	50
2059 East Trail LLC	50

Please acknowledge receipt of the enclosed material by stamping the copy of this letter and returning it to me in the enclosed postage-paid envelope.

Very truly yours,



Joseph De Maio, CPA
President

JD/sr
Encl.

CERTIFIED # 7005 0390 0003 8933 7258