2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000090831

1. Entity Name
1262 ELEVENTH COURT NORTH, LLC

30009285

Principal Place of Business	Mailing Address
1000 NORTH TAMIAMI TRAIL SUITE 201 NAPLES, FL 34102	1000 NORTH TAMIAMI TRAIL SUITE 201 NAPLES, FL 34102

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

05022007   Chg-LLC   CR2E083 (12/06)

4. FEI Number	Applied For
20-2008863	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
WOOD, DOUGLAS A 1000 NORTH TAMIAMI TRAIL SUITE 201 NAPLES, FL 34102	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 _____
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 September 14, 2007**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: WOOD, DOUGLAS A STREET ADDRESS: 721 OLD TRAIL DRIVE CITY-ST-ZIP: NAPLES, FL 34103	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: MGR NAME: GULLIFORD, JOHN T STREET ADDRESS: 2120 SHAD COURT CITY-ST-ZIP: NAPLES, FL 34102	☐ 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
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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: _____   5/29/07   (239) 263-8282 x302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #