2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 15, 2007 8:00 am Secretary of State

DOCUMENT # L05000000529 1. Entity Name POTTINGER'S PALMS, L.L.C.						08-15-2007 9	90025 04	14 ****5(0.00
Principal Place of Business 910 SUNSET VISTA DRIVE FORT MYERS, FL 33919 Mailing Address 910 SUNSET VISTA DRIVE FORT MYERS, FL 33919									
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07192007	Chg-LLC		83 (12/06)		
City & State		City & State		4. FEI Number 20-2098	-			pplied For ot Applicable	
Zip	Country	Zip Country			f Status Desired		\$5.00 Add	ditional	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and A	Address of New R		•	
			Na	ame				•	
HENDRY, HARRY O 2242 MAIN STREET FT. MYERS, FL 33901			Str	reet Address (s (P.O. Box Number is Not Acceptable)				
	- st ^r		Cit	tv		······································		Zip Cod	ie
8. The above	or the purpose of changing its			ed agent, or both	, in the State of Flo	FL rida, Tam f	·] '		
the obligat	tions of registered agent.		Ü	Ů					·
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agen	nt signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State					
Fil Due I	ing Fee is \$50.00 by September 14, 2007						_	-	e
Fil Due I	ling Fee is \$50.00 by September 14, 2007 MANAGING MEMBE	ERS/MANAGERS	10.				Departme	ent of Stat	e
Due I	by September 14, 2007	RS/MANAGERS	10.			Florida	Departme	ent of Stat	• Addition
Due I	by September 14, 2007 MANAGING MEMBE		-			Florida	Departme	ent of Stat	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM POTTINGER, GERALD V 910 SUNSET VISTA DRIVE		TITLE NAME STREET ADD	- 1		Florida	Departme	ent of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM POTTINGER, GERALD V	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	- 1		Florida	Departme	ent of Stat	☐ Addition
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The reby certify that the information supplied with this improves not quality to the exemptions contained in Chapter 19, Florida Statutes. 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 path; 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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATION

13/g/07

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