

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 19, 2007 8:00 am Secretary of State

	ANNOAL						iry or St	
DOCUMENT # L05000010937  1. Entity Name ST. CROIX REALTY, LLC						02-19-2007	90197 028 ****	50.00
Principal Place of Business 7995 PRESERVE CIRCLE NAPLES, FL 34119		Mailing Address 7995 PRESERVE CIRCLE NAPLES, FL 34119			ANIEL SHILL ANIEL SEID, SEID			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b></b>	02142007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEI Number Applied For 20-2312613 Not Applicable			
Zip	Country	Zip	Country		5. Certificate	of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent				Address of New Re	gistered Agent	
CONROY, J. THOMAS III 2640 GOLDEN GATE PARKWAY, SUITE 115 NAPLES, FL 34105				onroy, J. Thomas III reel Address (P.O. Box Number is Not Acceptable) 210 Vanderbilt Beach Road, Suite 1201				
		1		Na				
The above named entity submits this statement for the purpose of changing its reg				City <b>Nap1es</b> office or register	es FL Zip Code 34109			
	ions of registered agent.	y to purpose at ordinging to	. 09.0.0.00	And of Fog. star	od agom, or bor	11, 11 010 01010 011 101	Total Talling Miles	and decept
SIGNATURE .	Signature, typed or printed name of registered agent	and the if applicable. (NOTE	Registered Age	ent 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 MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE NAME	MGR CONROY, J. THOMAS III	☐ Delete	TITLE	MGR				☐ Addition
STREET ADDRESS CITY-ST-ZIP	2640 GOLDEN GATE PARKWAY NAPLES, FL 34105	/, SUITE 115	NAME STREET AD CITY+ST-Z	DDRESS 2210	-	Thomas III	Road, Suite	
TITLE NAME				<sup>ZIP</sup> Nap1	es. FL 3	34109		1201
STREET ADDRESS		Delete	TITLE NAME STREET AD	Napl	es, FL 3	34109	☐ Change	2 1201
STREET ADDRESS CITY-ST-ZIP				DDRESS Napl	es, FL 3	34109	☐ Change	
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS		☐ Delete	NAME STREET AD CITY-ST-2 TITLE NAME STREET AD	DODRESS ZIP	es, FL 3	34109	☐ Change	
CITY-ST-ZIP TITLE NAME			NAME STREET AD CITY-ST-Z TITLE NAME	DODRESS ZIP	es, FL 3	34109	☐ Change	☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	NAME STREET AD CITY-ST-Z TITLE NAME STREET AD CITY-ST-Z	DDRESS ZIP  DDRESS ZIP  DDRESS ZIP	es, FL 3	34109		Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET AD CITY-ST-Z TITLE NAME STREET AD	DDRESS ZIP  DDRESS ZIP  DDRESS ZIP  DDRESS ZIP	es, FL	34109	☐ Change	☐ Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME		☐ Delete	NAME STREET AD CITY-ST-2 TITLE NAME STREET AD CITY-ST-2 TITLE NAME STREET AD CITY-ST-2 TITLE NAME	DDRESS ZIP  DDRESS ZIP  DDRESS ZIP  DDRESS ZIP	es, FL 3	34109	☐ Change	Addition Addition 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 eath; 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER-MANAGER, OR AUTHORIZED REPRESENTATIVE

2/14/07

Daytime Phone #