


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-19-2007 90197 028 \*\*\*\*50.00

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # L05000010937</b>  |   |  |  |           |  |
| <b>1. Entity Name</b><br>ST. CROIX REALTY, LLC  |   |  |  |  |  |
| <b>Principal Place of Business</b><br>7995 PRESERVE CIRCLE<br>NAPLES, FL 34119  |   |  | <b>Mailing Address</b><br>7995 PRESERVE CIRCLE<br>NAPLES, FL 34119   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>                      |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                            |  |  |  |
| City & State  |   | City & State                                   |  |  |  |
| Zip   | Country   | Zip  | Country  | <b>4. FEI Number</b><br>20-2312613   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |  | <b>\$5.00 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CONROY, J. THOMAS III<br>2640 GOLDEN GATE PARKWAY, SUITE 115<br>NAPLES, FL 34105  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Conroy, J. Thomas III<br>Street Address (P.O. Box Number is Not Acceptable)<br>2210 Vanderbilt Beach Road, Suite 1201<br>City<br>Naples FL Zip Code<br>34109 |  |  |
| <b>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.</b><br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |   |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>CONROY, J. THOMAS III<br>2640 GOLDEN GATE PARKWAY, SUITE 115<br>NAPLES, FL 34105 | <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>Conroy, J. Thomas III<br>2210 Vanderbilt Beach Road, Suite 1201<br>Naples, FL 34109 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| <b>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.</b> |   |  |  |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  | Date <u>2/14/07</u> Daytime Phone # _____  |  |  |

