

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000016917

1. Entity Name  
ARABLE PROPERTIES LLC



Principal Place of Business  
700 ELEVENTH STREET SOUTH, PH2  
NAPLES, FL 34102-6771

Mailing Address  
700 ELEVENTH STREET SOUTH, PH2  
NAPLES, FL 34102-6771



01112007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3743537

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ABLE ADVISORY INC  
700 ELEVENTH STREET SOUTH, PH2  
NAPLES, FL 34102-6771

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ABLE, ANTHONY R
STREET ADDRESS	700 ELEVENTH STREET SOUTH, PH2
CITY-ST-ZIP	NAPLES, FL 34102

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U00000729153  
05/08/07-80026-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

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** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.16.07

Date

239.430.4310

Daytime Phone #