


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90182 016 \*\*\*\*50.00

DOCUMENT # L05000018744					
1. Entity Name <b>MASTERPIER SOLUTIONS, LLC</b>					
Principal Place of Business <b>7760 EMERALD CIR, UNIT #204 NAPLES, FL 34109</b>			Mailing Address <b>7760 EMERALD CIR, UNIT #204 NAPLES, FL 34109</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2498864</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GOINGS, SUELY</b> <b>1177 WISCONSIN DR</b> <b>NAPLES, FL 34103</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>MGR</b> <b>DANIEL MILLER</b> <b>7760 EMERALD CIR 204</b> <b>NAPLES, FL 34109</b>		
			<b>MGR</b> <b>ROSANI H. MILLER</b> <b>7760 EMERALD CIR 204</b> <b>NAPLES, FL 34109</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.

SIGNATURE

*Daniel Miller*  
DANIEL MILLER

05-08-2006

239-298-9128

- ☒ LAW ENFORCEMENT SHORT FORM REPORT  
☐ DRIVER REPORT OF TRAFFIC CRASH  
☐ DRIVER EXCHANGE OF INFORMATION

ATTACHMENT  
DO NOT WRITE IN THIS SPACE  
20045735  
LO50000818744

Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER																		
	05/01/06	0910 AM	911 AM	0912 AM	06 14990	06920728																		
Vehicle 1	COUNTY / CITY CODE	FEET or MILE(S)	N S E W	CITY OR TOWN	(Check if in City or Town) COUNTY																			
	64	10	X	NAPLES	COLLIER																			
Vehicle 2	AT THE INTERSECTION OF	FEET or MILE(S)	FROM NODE NO.	NO. OF LANES	1. DIVIDED 2. UNDIVIDED																			
	14th CULTURAL PARKWAY			4	COLLIER BLVD																			
Vehicle 3	YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER																		
	05	NISSAN	4 DOOR (TRUCK)	8077HF	FL	3N1CB51D951529571																		
Vehicle 4	CHECK AREAS OF VEHICLE DAMAGE	FRONT	R / FRONT	L / FRONT	R / SIDE	L / SIDE	REAR	R / REAR	L / REAR	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other												
										\$5000														
Vehicle 5	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)											POLICY NUMBER												
	GEICO											41046-88-97-31												
Vehicle 6	NAME OF VEHICLE OWNER (Check Box if Same As Driver)											CITY AND STATE	ZIP CODE											
	DANIEL MILLER											759 108th AV N	NAPLES FL	34103										
Vehicle 7	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN											CITY AND STATE	ZIP CODE											
	DANIEL MILLER											759 108th AV N	NAPLES FL	34103										
Vehicle 8	DRIVER LICENSE NUMBER											STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH						
	07640160584550											FL	D			W	M	12/15/58						
Vehicle 9	NUMBER OF PASSENGERS											NAME OF PASSENGER	CITY AND STATE	ZIP CODE										
	0																							
Vehicle 10	YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER																		
	02	FORD	PANORAMA (VAN)	H61 TRS	FL	1FB5331L424B54751																		
Vehicle 11	CHECK AREAS OF VEHICLE DAMAGE	FRONT	R / FRONT	L / FRONT	R / SIDE	L / SIDE	REAR	R / REAR	L / REAR	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other												
Vehicle 12	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)											POLICY NUMBER												
	TID INS. (NATIONAL INDEPENDENT Comp.)											74 APN 361657												
Vehicle 13	NAME OF VEHICLE OWNER (Check Box if Same As Driver)											CITY AND STATE	ZIP CODE											
	UNLIMITED AIRPORT RIDES											650 PAULGABLE DR	MARCO ISLAND, FL	34115										
Vehicle 14	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN											CITY AND STATE	ZIP CODE											
	EMIL CIORTUZ											320 QUAIL FOREST BLVD #8	NAPLES FL	34105										
Vehicle 15	DRIVER LICENSE NUMBER											STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH						
	0632200742160											FL	D			W	M	06/16/74						
Vehicle 16	NUMBER OF PASSENGERS											NAME OF PASSENGER	CITY AND STATE	ZIP CODE										
	0																							
Vehicle 17	YEAR	MAKE (chev, ford, etc.)	TYPE (car, truck, bicycle, etc.)	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER																		
Vehicle 18	CHECK AREAS OF VEHICLE DAMAGE	FRONT	R / FRONT	L / FRONT	R / SIDE	L / SIDE	REAR	R / REAR	L / REAR	EST. VEHICLE DAMAGE	VEHICLE REMOVED BY:	1. Tow Rotation List 3. Driver 2. Tow Owner's Request 4. Other												
Vehicle 19	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)											POLICY NUMBER												
Vehicle 20	NAME OF VEHICLE OWNER (Check Box if Same As Driver)											CITY AND STATE	ZIP CODE											
Vehicle 21	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN											CITY AND STATE	ZIP CODE											
Vehicle 22	DRIVER LICENSE NUMBER											STATE	DL TYPE	DRIVER / PEDESTRIAN HOME PHONE	DRIVER / PEDESTRIAN BUSINESS PHONE	RACE	SEX	DATE OF BIRTH						
Vehicle 23	NUMBER OF PASSENGERS											NAME OF PASSENGER	CITY AND STATE	ZIP CODE										
Violator(s)	SECTION #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER													
	SECTION #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER													
	SECTION #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER													
#	PROPERTY DAMAGED - OTHER THAN VEHICLES				EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP									
WITNESS NAME (1)	CURRENT ADDRESS				CITY & STATE		ZIP CODE		WITNESS NAME (2)				CURRENT ADDRESS		CITY & STATE		ZIP CODE							
INVESTIGATOR - RANK & SIGNATURE	ID/BADGE NUMBER				DEPARTMENT				RHP				SO				PD				OTHER			
	C. J. Wynn				4140				COLLIER COUNTY															