


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000022830

1. Entity Name
 HENTHORNE - SHIRLEY STREET, LLC



| | |
|---|---|
| Principal Place of Business 5500 TAYLOR ROAD NAPLES, FL 34109 | Mailing Address 5500 TAYLOR ROAD NAPLES, FL 34109 |
|---|---|

DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC CR2E083 (11/05)

| | |
|--|---------------------------------------|
| 4. FEI Number 20-2450183 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

SIESKY, JAMES H
 1000 TAMIAMI TRAIL N.
 SUITE 201
 NAPLES, FL 34102

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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 _____

Filing Fee is \$50.00 Due by May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HENTHORNE, DAN 5500 TAYLOR ROAD NAPLES, FL 34109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HENTHORNE, DANIEL A 5500 TAYLOR ROAD NAPLES, FL 34109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HENTHORNE, TYLER J. 5500 TAYLOR ROAD NAPLES, FL 34109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/12/07-80061-008 55.00

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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] 1-10-07 239-594-7508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #