
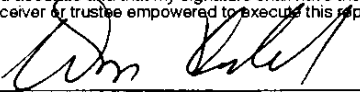


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90077 005 \*\*\*\*50.00

<b>DOCUMENT # L05000030654</b> 1. Entity Name <b>CHALLENGER PROPERTIES, LLC</b>					
Principal Place of Business <b>3703 S. HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104</b>			Mailing Address <b>3703 S. HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104</b>		
2. Principal Place of Business - No P.O. Box # <b>3073 S. Horseshoe Drive #118</b>		3. Mailing Address <b>3073 S. Horseshoe Drive #118</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number <b>51-0541245</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ARNOLD, DONALD L 3703 S. HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, is Not Acceptable) <b>3073 S. Horseshoe Drive, #118</b> City <b>FL</b> 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 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ARNOLD, DONALD L 3703 S. HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM VETTER, RICHARD 3703 S. HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000030654

1. Entity Name  
CHALLENGER PROPERTIES, LLC



Attachment

Principal Place of Business  
3703 S. HORSESHOE DRIVE, SUITE 118  
NAPLES, FL 34104

Mailing Address  
3703 S. HORSESHOE DRIVE, SUITE 118  
NAPLES, FL 34104

**DO NOT WRITE IN THIS SPACE**



02212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
51-0541245

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, DONALD L  
3703 S. HORSESHOE DRIVE, SUITE 118  
NAPLES, FL 34104

**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 MGRM  
NAME ARNOLD, DONALD L  
STREET ADDRESS 3703 S. HORSESHOE DRIVE, SUITE 118  
CITY-ST-ZIP NAPLES, FL 34104

TITLE MGRM  
NAME VETTER, RICHARD  
STREET ADDRESS 3703 S. HORSESHOE DRIVE, SUITE 118  
CITY-ST-ZIP NAPLES, FL 34104

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**SIGNATURE:**

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

Date

Daytime Phone #