## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

Date

Davtme Phone #

DOCUMENT # L05000030654  1. Enity Name CHALLENGER PROPERTIES, LLC								04-30-2007	90077 00	)5 ****5(	).00	
Principal Place of Business			Mailing Address									
3703 S. HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104			3703 S. HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104									
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<u> 3073.</u>	<u>S. Hors</u>	ness - No P.O. Box # 1/2 Ses hoe Drive 1/2	3. Mailing Address 3073 S. Harseshoe Drive #118									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04242007	Chg-LLC	CR2E0	83 (12/06)		
City & State			City & State			4. FEI Numb				plied For t Applicable		
Zip	Zip Country		Zip Cour		try		5. Certificate	te of Status Desired				
	_ 6. Name	and Address of Current R	egistered Agent		I		7. Name and	Address of New F		<del> </del>	<u> </u>	
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ARNOLD, DONALD L 3703 S. HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104			i		Street A	ddress (P.O. Box Number, is Not Aeseptable)  13 S. HOSEShoe Drive, #-118						
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					City				FL	Zip Code	9	
	named entit	ty submits this statement for	the purpose of changing its	registere	ed office o	register	ed agent, or bo	th, in the State of Fl	orida. I am i	amiliar with,	and accept	
SIGNATURE .	_	for printed name of registered agent an	d tdle if annikcable (NOTI	- Registere	d Aneni sırına	ure required	when reinstating)		DATE			
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Filing Fee is \$50.00 Due by May 1, 2007								Make check payable to Florida Department of State				
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			S/MANAGERS	10.					a Departm	ent of State	•	
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## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

DOCUMENT # L05000030654 Attachment 1. Entity Name CHALLENGER PROPERTIES, LLC Frincipal Place of Business Mailing Addres 3708 S. HORSESHOE DRIVE, SUITE 118 3703 S. HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104 NAPLES, FL 34104 02212007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0541245 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 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, 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 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ARNOLD, DONALD L NAME 3703 SHORSESHOE DRIVE, SUITE 118 STREET ADDR MAPLES, FL 34104 CITY-ST-ZII **MGRM** TITLE NAME VETTER RICHARD 3703 S HORSESHOE DRIVE, SUITE 118 STREET ADDRES CITY-ST-ZIP NABEES, FL 34104 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone #