## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 24, 2007 8:00 am Secretary of State **DOCUMENT #L05000030657** 04-24-2007 90113 003 \*\*\*\*50.00 ARNOLD - VETTER, LLC Principal Place of Business Mailing Address 3703 S. HORSESHOE DRIVE, SUITE 118 3703 S. HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business - No P.O. Box # 3073 S. Horseshoe Horsoshae 04042007 Chg-LLC CR2E083 (12/06) <u>Stl</u> Applied For 4. FEI Number 59-3803172 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Age 7. Name and Address of New Registered Agent ARNOLD, DONALD L 3703 S. HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104 city Naples 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 age SIGNATURE Signature, typed or printer (NOTE Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by 撰ay 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete NAME ARNOLD, DONALD L 3073 S. Horseshoe Drive, Suite 118 3703 S. HORSESHOE DRIVE, SUITE 118 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE VETTER, RICHARD 3073 S. Horseshoe Drive, Suite 118 NAME NAME STREET ADDRESS 3703 S. HORSESHOE DRIVE, SUITE 118 STREET ADDRESS CITY-ST-7IP NAPLES, FL 34104 CITY-ST-7IP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Horida 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 reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

2007 LIMITED LIABILITY COMPANY

SIGNATURE:

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

ANNUAL REPORT DOCUMENT#L05000030657 ARNOLD - VETTER, LLC ATTACHMENT Principal Place of Business Mailing Address 3703 S. HORSESHOE DRIVE, SUITE 118 3703 S. HORSESHOE DRIVE, SUITE 118 60039598 NAPLES, FL 34104 NAPLES, FL 34104 02212007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3803172 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARNOLD DONALD L DO NOT WRITE 3703 S HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104 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 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ARNOLD, DONALD L 3703 S. HORSESHOE DRIVE, SUITE 118 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 MGRM. TITLE XETTER RICHARD 3703 S. HORSESHOE DRIVE, SUITE 118 NAPLES, FL 34104 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.

Daytime Phone #