2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

DOCUMENT # L05000032616 1. Entity Name 7527 COON ROAD, LLC							1 Fy 01 St 90434 022 ****5	
Principal Place P.O. BOX 61 FORT MYERS		Mailing Address P.O. BOX 61605 FORT MYERS, FL 3390	-		1166116711	FIF BOLLT GUIN FEIN BEIN BO	TH BERRO SHID HEND DIEN MAND	IATTI WI 18 0 3
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03042007		CR2E083 (12/06)	
City & State		City & State			4. FEI Num 20-0	ber 0695040	- +	pplied For ot Applicable
Zip	Country Zip Cou		Coun	itry	5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name and Address of Current		7. Name and Address of New Registered Agent Name					
BECK, W.	KIRK	Name						
6908 ERIN	MARIE COURT IS, FL 33919	Street Address ((P.O. Box Num	ber is Not Acceptable	a) 		
		City		City			FL Zip Coo	je
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, lyded or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE								
	iling Fee is \$50.00 ue by May 1, 2007					e check payable to a Department of Stat	e	
9.	MANAGING MEMBE	RS/MANAGERS	MANAGERS 10.			ADDITIONS/	/CHANGES	
TITLE	MGR Delete		HILL				☐ Change	Addition
NAME	BECK, W. KIRK		NAME CARSEL LOWERS					
STREET AOORESS CITY-ST-ZIP	P.O. BOX 61605 FORT MYERS, FL 33907			ET ADDRESS -ST-ZIP				
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TITLE NAME	Delete		TITLE NAME				☐ Change	Addition
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP	ZIP CI		CITY	-ST-ZIP				
11. Thereby 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.								
iimited lia	cutty company or the receiver or truster	empowered to execute this	report as	required by Chap	pier 608, Florida	i Statutes.	20	

SIGNATURE:

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

Date

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