#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L05000035854

1. Entity Name

STEINHATCHEE MANAGEMENT, LLC



FILED
Mar 08, 2007 08:00 AM
Secretary of State

Principal Place of Business

9220 BONITA BEACH RD

STE 200-23 Bonita Springs, Fl. 34135 Mailing Address

9220 BONITA BEACH RD

STE 200-23

BONITA SPRINGS, FL 34135



### DO NOT WRITE IN THIS SPACE

03062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1721813 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRACCI, STEVEN J 9220 BONITA BEACH RD STE 200-23 BONITA SPRINGS, FL 34135

## 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 NAME STREET ADDRESS CITY-ST-ZIP          | MGRM<br>BRACCI, STEVEN J<br>9220 BONITA BEACH RD STE 200-23<br>BONITA SPRINGS, FL 34135 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>PREBLE, GREGORY S<br>9220 BONITA BEACH RD STE 200-23<br>BONITA SPRINGS, FL 34135 |  |
| 11TLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |

U00000660229 03/19/07-80018-009 50.00

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

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

Daytime Phone #