# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 17, 2008**
**Secretary of State**

DOCUMENT# L05000045150

**Entity Name:** JUDES BUILDING, LLC

**Current Principal Place of Business:**

6161 HIDDEN OAKS LANE
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

6161 HIDDEN OAKS LANE
NAPLES, FL 34119 US

**New Mailing Address:**

**FEI Number: 20-2828957** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIESKY, JAMES H
1000 TAMIAMI TRAIL N.
SUITE 201
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGRM | ( ) Delete |
| Name: | WALKER, ROBERT C | |
| Address: | 2171 OAKS BOULEVARD | |
| City-St-Zip: | NAPLES, FL 34117 US | |
| Title: | MGRM | ( ) Delete |
| Name: | WALKER, JUDITH E | |
| Address: | 2171 OAKS BOULEVARD | |
| City-St-Zip: | NAPLES, FL 34117 US | |
| Title: | MGRM | ( ) Delete |
| Name: | WALKER, DAVID C | |
| Address: | 6161 HIDDEN OAKS LANE | |
| City-St-Zip: | NAPLES, FL 34119 US | |
| Title: | MGRM | ( ) Delete |
| Name: | WALKER, TRACI | |
| Address: | 6161 HIDDEN OAKS LANE | |
| City-St-Zip: | NAPLES, FL 34119 US | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: TRACI WALKER MGRM 04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date