

**2006 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

DOCUMENT # L05000047287

1. Entity Name
LONDON BAY CORTILE INVESTMENTS, LLC



Principal Place of Business
9130 GALLERIA COURT, SUITE 200
NAPLES, FL 34109

Mailing Address
9130 GALLERIA COURT, SUITE 200
NAPLES, FL 34109

FILED
06 DEC 27 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12272006 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-2835023

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, STEPHEN G
9130 GALLERIA COURT
SUITE 200
NAPLES, FL 34109

Name
NOVATT, JEFF M., ESQ.

Street Address (P.O. Box Number is Not Acceptable)

821 FIFTH AVENUE SOUTH, SUITE 201

City
NAPLES

FL

Zip Code
34102

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

Jeff M. Novatt Esq.

Jeff M. Novatt, Esq.

12/27/06

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME WILSON, STEPHEN G Delete
STREET ADDRESS 9130 GALLERIA COURT, SUITE 200
CITY-ST-ZIP NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition
900082944089
01/03/07--01007--003 **50.00

TITLE MGR
NAME WILSON, MARK D Delete
STREET ADDRESS 9130 GALLERIA COURT, SUITE 200
CITY-ST-ZIP NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE MGR
NAME MILLER, STEVE Change Addition
STREET ADDRESS 9130 GALLERIA COURT, SUITE 200
CITY-ST-ZIP NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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.

SIGNATURE: *Mark D. Wilson* Manager

12/27/06

(239) 592-1400

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

Date

Daytime Phone #

Mark D. Wilson