

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90013 043 \*\*\*138.75

**DOCUMENT # L05000047811**

1. Entity Name  
**EDMARK XIV, LLC**



Principal Place of Business  
**7995-B PRESERVE CIRCLE  
NAPLES, FL 34119**

Mailing Address  
**7995-B PRESERVE CIRCLE  
NAPLES, FL 34119**

**60027832**



2. Principal Place of Business - No P.O. Box #  
**2235 Venetian Ct.**

3. Mailing Address  
**2235 Venetian Ct.**

Suite, Apt. #, etc.  
**#3**

Suite, Apt. #, etc.  
**#3**

03282008 Chg-LLC CR2E083 (12/06)

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number  
**20-2855150**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Zip  
**34109**

Country  
**USA**

Zip  
**34109**

Country  
**USA**

**6. Name and Address of Current Registered Agent**

**CONROY, J. THOMAS III  
2210 VANDERBILT BEACH ROAD  
NAPLES, FL 34109**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
POTESTIO, FRANK P JR.  
7995-B PRESERVE CIRCLE  
NAPLES, FL 34119** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FINKELSTEIN, EDWARD S  
17482 ARGYLL TERRACE  
BOCA RATON, FL 33496** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2235 Venetian Ct. #3  
Naples, FL 34109** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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:**

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

**FRANK POTESTIO, JR. 4-7-08 239-5939641**

Date

Daytime Phone #