

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90016 014 \*\*\*\*50.00

DOCUMENT # L05000049021

1. Entity Name  
GARDINER INVESTMENTS, LLC



Principal Place of Business  
P.O. BOX 111088  
NAPLES, FL 34108

Mailing Address  
P.O. BOX 111088  
NAPLES, FL 34108

2. Principal Place of Business

3. Mailing Address *975 IMPERIAL  
GOLF COURSE BLVD*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*#114*

City & State

City & State  
*NAPLES, FL*

Zip

Country

Zip

*34110*

Country

01122006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

*13-4251763*

Applied For

Not Applicable

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

CORPORATE REGISTERED AGENT, LLC  
5147 CASTELLO DRIVE  
NAPLES, FL 34103

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GARDINER, GARY  
P.O. BOX 111088  
NAPLES, FL 34108 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*975 IMPERIAL GOLF COURSE BLVD #114  
NAPLES, FL 34110* ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GARDINER, LISA  
P.O. BOX 111088  
NAPLES, FL 34108 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*975 IMPERIAL GOLF COURSE BLVD #114  
NAPLES, FL 34110* ☒ 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

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: *GARY GARDINER*

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

*4/25/06 239-254-8200*

Date Daytime Phone #