


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90079 016 \*\*\*\*50.00

<b>DOCUMENT # L05000052739</b>	
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<b>Principal Place of Business</b> 7205 ESTERO BLVD FORT MYERS BEACH, FL 33907	<b>Mailing Address</b> 1538 PARK MEADOWS DRIVE #4 FORT MYERS, FL 33907
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b> 7205 Estero Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 731
<b>City &amp; State</b>	<b>City &amp; State</b> Fort Myers Beach, FL
<b>Zip</b>	<b>Country</b> USA
	<b>Zip</b> 33907



01112007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 20-3257838	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> CAMARANO, DINO 1538 PARK MEADOWS DRIVE #4 FORT MYERS, FL 33907	<b>7. Name and Address of New Registered Agent</b> Name: Susan Holly, CPA, PA Street Address (P.O. Box Number is Not Acceptable): 13725 Collina Court City: Estero FL Zip Code: 33928
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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: Susan Holly (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMARANO, DINO 1538 PARK MEADOWS DRIVE, #4 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOON, LARRY 2 MORELAND GREEN DRIVE WORCESTER, MA 01609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILDRETH, CRAIG 8617 RIVER HOMES LANE BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Craig Hildreth 1-11-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #