2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000054024

1. Entity Name TRES GATORS HERMOSOS GROUP LLC



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business 5352 BERKELEY DRIVE

NAPLE, FL 34112

Mailing Address

5352 BERKELEY DRIVE NAPLE, FL 34112



DO NOT WRITE IN THIS SPACE

02212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2931125 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, CHARLES M JR. 2390 TAMIAMI TRAIL NORTH SUITE 204 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

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 Fiorida. 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
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	MARCH, ROBERT J DR.		
STREET ADDRESS	5352 BERKELEY DRIVE	1	H00000025412
CITY+ST-ZIP	NAPLE, FL 34112		U00000885413 04/18/08-80012-025 138.75
TITLE	VP		OWING ORDER OF TOOLIG
NAME	TUBERVILLE, BRUCE V		
STREET ADDRESS	6684 HUNTLEY LN SOUTH		
CITY-ST-ZIP	NAPLÉS, FL 34104	i e	
TITLE			
NAME			
STREET ADDRESS		DO	NOT WRITE
CITY-ST-ZIP			NOIWKIIE
TITLE		IN: 7	THIS SPACE
NAME		1114	INIO SPACE
STREET ADDRESS		i	
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 1 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

3-1-2008 259-417-0983

Daytime Phone #