

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 22, 2007 08:00 A
Secretary of State

DOCUMENT # L05000055591

1. Entity Name
FABAGAP L.L.C.



Principal Place of Business
**164 PALMETTO DUNES CIRCLE
NAPLES, FL 34113**

Mailing Address
**164 PALMETTO DUNES CIRCLE
NAPLES, FL 34113**



01052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4314927

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VALK, WILLARD N
164 PALMETTO DUNES CIRCLE
NAPLES, FL 34113**

**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 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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VALK, WILLARD N
STREET ADDRESS	164 PALMETTO DUNES CIRCLE
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	MGRM
NAME	VALK, FAYANN
STREET ADDRESS	164 PALMETTO DUNES CIRCLE
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	MGRM
NAME	SHELTON, GRETCHEN A
STREET ADDRESS	3121 66TH ST SW
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	MGRM
NAME	SHELTON, PHILLIP
STREET ADDRESS	3121 66TH ST. SW
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/31/07-80005-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/19/07

238-774-7456