

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90059 043 ****50.00

DOCUMENT # L05000056288

1. Entity Name
AQUA VIEW PROPERTIES, LLC



Principal Place of Business
THE FLORESTA BUILDING, SUITE PH3
700 ELEVENTH STREET SOUTH
NAPLES, FL 34102 US

Mailing Address
THE FLORESTA BUILDING, SUITE PH3
700 ELEVENTH STREET SOUTH
NAPLES, FL 34102 US

20000802



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

20-2971221

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RITCHIE, RONALD W ESQ
5129 CASTELLO DRIVE
SUITE 4
NAPLES, FL 34103

Name

Steven E Clark

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

700 11th St S #PH3

City

Naples

FL

Zip Code

34102

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

Steven E. Clark

STEVEN E. CLARK, MGRM

1-11-06

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
CLARK, STEVEN E
700 ELEVENTH STREET SOUTH SUITE PH3
NAPLES, FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

Steven E. Clark

1-11-06

(239) 261-5022

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

Date

Daytime Phone #