

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90059 032 ****50.00

DOCUMENT # L05000056288

1. Entity Name
AQUA VIEW PROPERTIES, LLC



| | |
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| 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 |
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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2971721

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

**CLARK, STEVEN E
100 11TH ST. SUITE PH3
~~SUITE 4~~
NAPLES, FL 34102**

Name

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

700 11th St S Suite PH3

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, 2007**

**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 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

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

Date

Daytime Phone #

1-7-07 (239) 261-8022