

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAR 19 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01222007 No Chg-LLC

CR2E083 (11/05)

4. FCI Number
65-0700687

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

D'ANDREA, ROBERT L
42 BARKLEY CIRCLE
#3
FORT MYERS, FL 33907

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)

FCI Number (registered agent's signature required when changing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
D'ANDREA, ROBERT L
42 BARKLEY CIRCLE, #3
FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
DAVIS, RONALD
42 BARKLEY CIRCLE, #3
FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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03/29/07--01032--016 **200.00

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

2/26/07

DATE

PRINTED NAME