

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90040 011 ****50.00

DOCUMENT # L05000068022

1. Entity Name
207 CROSS LLC



Principal Place of Business
207 CROSS STREET
PUNTA GORDA, FL 33950

Mailing Address
~~992 TAMiami TRAIL~~
~~64~~
PORT CHARLOTTE, FL 33953



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

3. Mailing Address
207 Cross St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Punta Gorda, FL

Zip

Country

Zip

Country

33950

Charlotte

04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number
16-1694525

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

MILLIGAN, ROBERT
~~992 TAMiami TRAIL~~
~~64~~
PORT CHARLOTTE, FL 33953

Name
Street Address (P.O. Box Number is Not Acceptable)
5053 OCEAN BLVD Unit C
City SARASOTA FL Zip Code 34242

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

TITLE
NAME MGRM
STREET ADDRESS SHELLS PROPERTY MANAGEMENT INC
CITY-ST-ZIP ~~992 TAMiami TRAIL 64~~
PORT CHARLOTTE, FL 33953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS 207 CROSS ST
CITY-ST-ZIP PUNTA GORDA FL 33950 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

X

4/19/07

941-505-5009