

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90027 020 ****50.00

DOCUMENT # L05000069893

1. Entity Name
TOWNE PLACE (LMC), LLC



Principal Place of Business
**7995-B PRESERVE CIRCLE
NAPLES, FL 34119**

Mailing Address
**7995-B PRESERVE CIRCLE
NAPLES, FL 34119**

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

03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4909104

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONROY, J. THOMAS III
2640 GOLDEN GATE PARKWAY, SUITE 115
NAPLES, FL 34105**

7. Name and Address of New Registered Agent

Name
Conroy, J. Thomas III

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

2210 Vanderbilt Beach Road, Suite 1201

City
Naples

FL Zip Code
34109

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 **MGRM** ☐ Delete
NAME **POTESTIO, FRANK P JR.**
STREET ADDRESS **7995-B PRESERVE CIRCLE**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **MGRM** ☐ Delete
NAME **FINKELSTEIN, EDWARD S**
STREET ADDRESS **17842 ARGYLL TERRACE**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **MGRM** ☐ Delete
NAME **CONROY, J. THOMAS III**
STREET ADDRESS **2640 GOLDEN GATE PARKWAY, SUITE 115**
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Conroy, J. Thomas III**
STREET ADDRESS **2210 Vanderbilt Beach Road, Suite 1201**
CITY-ST-ZIP **Naples, FL 34109**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Frank P. Potestio Jr. **04-10-07 (239)593-9641**