

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076665

FILED  
Jul 15, 2008  
Secretary of State

**Entity Name:** NORTH CAPTIVA BEACHES EDGE, LLC

**Current Principal Place of Business:**

5 WYCKLOW STREET  
OVERLAND PARK, KS 66207

**New Principal Place of Business:**

690 GULF LANE  
NORTH CAPTIVA ISLAND, FL 33945

**Current Mailing Address:**

5 WYCKLOW STREET  
OVERLAND PARK, KS 66207

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KIBBE, ALAN  
1272 LAUREL DR.  
NORTH FORT MYERS, FL 33917 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: KAHLER, REBECCA A  
Address: 5 WYCKLOW STREET  
City-St-Zip: OVERLAND PARK, KS 66207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: KAHLER, MARK R  
Address: 5 WYCKLOW STREET  
City-St-Zip: OVERLAND PARK, KS 66207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK R KAHLER

MGR

07/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date