

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000079399**

1. Entity Name  
**DESOTO 485 PF LLC**



Principal Place of Business

**2950 FORT CHARLES  
NAPLES, FL 34102 US**

Mailing Address

**2950 FORT CHARLES  
NAPLES, FL 34102 US**



02232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1514607**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TIMMIS, MICHAEL T.O.  
2950 FORT CHARLES  
NAPLES, FL 34102**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

U000000738722  
05/11/07-80077-009 50.00

9. MANAGING MEMBERS/MANAGERS

|                |   |
|----------------|---|
| TITLE          | MGRM                                    |
| NAME           | MICHAEL T. TIMMIS TRUST U/T/A/D 2/26/85 |
| STREET ADDRESS | 350 TALON CENTRE                        |
| CITY-ST-ZIP    | DETROIT, MI 48207                       |
| TITLE          | MGR                                     |
| NAME           | TIMMIS, MICHAEL                         |
| STREET ADDRESS | 2950 FORT CHARLES                       |
| CITY-ST-ZIP    | NAPLES, FL 34102                        |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          |   |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

**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:** *Michael Timmis*

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

*April 11, 2007*

Date

*239-455-3225*

Daytime Phone #