

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000090542**

1. Entity Name

**MDS PROPERTIES OF BONITA SPRINGS LLC**



Principal Place of Business

**23250 FOXBERRY LANE  
BONITA SPRINGS FL 34135**

Mailing Address

**23250 FOXBERRY LANE  
BONITA SPRINGS FL 34135**



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

1st MOORE

CR2E083 (10/06)

4. FEI Number

**NO-T APPLICABLE**

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

**DELANO, G. KRISTIN  
360 CENTRAL AVENUE, STE 1560  
ST. PETERSBURG FL 33701**

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
BROWN, MICHAEL G  
23250 FOXBERRY LANE  
BONITA SPRINGS FL 34135** ☐ Delete

☐ Change ☐ Addition  
**U000000595516  
01/23/07-80043-010 50.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*M. G. Brown*

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

**1/19/07**

Date

**239/947-5027**

Daytime Phone #