

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000090949 1. Entity Name CAZENOVIA LLC	
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Principal Place of Business 6556 RIDGEWOOD DRIVE NAPLES, FL 34108	Mailing Address 6556 RIDGEWOOD DRIVE NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0909976	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
1395 PANTHER LANE, SUITE 300
NAPLES, FL 34109**

**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

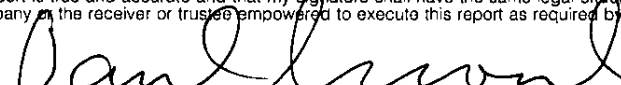
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCINDA ACCORDINO REVOCABLE TRUST OF 2005 C/O LUCINDA ACCORDINO, 6556 RIDGEWOOD DR NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIEL T ACCORDINO REVOCABLE TRUST OF 2005 C/O DANIEL T. ACCORDINO, 6556 RIDGEWOOD DR NAPLES, FL 34108
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U000000630711
02/20/07-80017-016 50.00

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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:  **2-16-07 239-587-2511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #