JUL-17-06 01:36 PM BORDNER REAL ESTATE

JUL-12-2006 02:09 WIEBEL HENNELLS CARUFE PA

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State
07-24-2006 90078 011 ****50.00

DOCUMENT # L05000091477

1. Entity Name
NANDONNS INVESTMENTS, LLC

20049971

Principal Place of Business	Mailing Address
9220 BONITA BEACH ROAD SUITE 101 BONITA SPRINGS, FL 34135 US	9220 BONITA BEACH ROAD SUITE 101 BONITA SPRINGS, FL 34135 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07102006 Chg-LLC CR2E083 (11/05)

4. FEI Number ☑ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $5.00 Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WIEBEL, DOUGLAS E CPA 9420 BONITA BEACH ROAD SUITE 200 BONITA SPRINGS, FL 34135	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by September 5, 2006		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORDNER, DONALD B 9220 BONITA BEACH ROAD SUITE 101 BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BORDNER, NANCY J 9220 BONITA BEACH ROAD SUITE 101 BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Donald B. Bordner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

TOTAL P.02