

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097254

Entity Name: PUNTA GORDA, LLC

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

101 TAYLOR RD
SUITE 101
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

725 CAPE CORAL PARKWAY W
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 20-3585540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENNARO, MICHAEL A
4635 S DEL PRADO BLVD
CAPE CORAL, FL 33910 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: WATT-BIGGS, BARBARA
Address: 725 CAPE CORAL PARKWAY W
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR () Delete
Name: BIGGS, ROBERT W
Address: 725 CAPE CORAL PKWY W
City-St-Zip: CAPE CORAL, FL 33914

Title: DIRE () Delete
Name: SOWA, ALAN
Address: 3263 ITHACA ST
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

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

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

Title: DIRE (X) Change () Addition
Name: CASTLEBERRY, JOE
Address: 2589 SECOND ST
City-St-Zip: MATLACHA, FL 33993

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: BARBARA M WATT-BIGGS

MGR

03/19/2008

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