

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90434 010 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000098842

1. Entity Name
LATOUR PROPERTIES, LLC



Principal Place of Business
891 BARCARMIL WAY
NAPLES, FL 34110

Mailing Address
891 BARCARMIL WAY
NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE



03192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
30-0258523

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINCK, LINDA R
5801 PELICAN BAY BLVD., SUITE 300
NAPLES, FL 34108

**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

3/20/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
DIXON, LAURA H
891 BARCARMIL WAY
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
DIXON, JAMES S
891 BARCARMIL WAY
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

4-11-07

239-436-1569

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

Date

Daytime Phone #