2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Jan 25, 2007 08:00 AN DOCUMENT # L05000099033 1. Entity Name **Secretary of State** BARBARA KNECHT STANTON, LLC Principal Place of Business Mailing Address 6530 HIGHCROFT DRIVE 6530 HIGHCROFT DRIVE NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, otc 1st MOORE CR2E083 (10/06) City & Stato City & State Applied For 4. FEI Numbor 30-0339750 Not Applicable Ζiρ Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NAPLES-LAWDOCK, INC Street Address (P.O. Box Number is Not Acceptable) 1395 PANTHER LANE, SUITE 300 NAPLES FL 34109 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, typed or printed name of registered agent and title 4 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 10. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. Change Addition HILL MGRM Delete HHE U00000603397 NALS NAME BARBARA A. STANTON REVOCABLE TRUST OF 1999 STREET ADDRESS 01/29/07-80011-025 50.00 SIDELI ADDRESS C/O BARBARA A, STANTON, 6530 HIGHCROFT DR CITY ST 78P CITY ST 78 NAPLES FL 34119 Addition TERE Change ME ☐ Delete NAME STREET ADDRESS STREET ADDRESS CHY SE-7P CITY-ST-ZIP Change Addition IIILE HILL ☐ Defete NAME STREET LADDRESS STREET ADDRESS on star CITY ST- AP Change Addition ☐ Defete HILL HITE NAME STREET LADDRESS STREET ADDRESS CITY SE ZIP CHY-ST 78 Change Addition ☐ Delete 7171E BHI NAMI STREET ADDRESS SIBILLADDRESS CITY-SI ZP CHY SI ZIP Change Addition TIME ☐ Delete mu NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY ST-78P 11. I horeby cortify 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE DAY 37-59-30'
Doyning Printed Name OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE DAY Doyning Printed