## 2008 LIMITED LIABILITY COMPANY

## **FILED** Jan 18, 2008 08:00 AM te

ANNUAL REPORT				Secretary of Sta	
DOCUMENT # L05000101246				Secretary or Sta	
1. Entity Name					
LABELLE	FORESTRY ROAD, LI	-C			
Principal Place	e of Business	Mailing Address			
1515 FONES	SLRY DW ROAD	P.O. BOX 7338			
LABELLE, FL		NAPLES, FL 34101 US			
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_				01112008 No Chg-LLC CR2E083 (12/07)	
	O NOT WRI	TE IN THIS SPA	ACE	4. FEI Number Applied For	
	,	and the second second		20-3705974 Not Applicable	
	والمراجعة إستستوسوه الماران	المستبع يستنها العليمية المستان على إن في إنها الإمار الماء الماء الماء	e i skr <del>amanina kala</del> j	5. Certificate of Status Desired - \$5.00 Additional Fee Required	
	6. Name and Address of Cu		1 , 1 ,	1 de rodanou	
			٠.	BOAR TO THE STATE OF THE STATE	
SIESKY, JAMES H 1000 TAMIAMI TRAIL N.			r h l i stan	DO NOT WRITE	
SUITE 201			20 of 1 355 at	IN THIS SPACE	
NAPLES, I	NAPLES, FL 34102			III. IIIIO OLACE	
SIGNATURE. FILE After May	Signature, typed or printed name of registers  E NOWIII FEE IS \$138.75  y 1, 2008 Fee will be \$5	5	stered Agent signature requirer	U00000790145 01/23/08-80023-011 143.75	
9.	MANAGING N	MEMBERS/MANAGERS	e 11 2 4 4	Andrew Control of the	
TITLE	MGRM			and the second second	
NAME	HENTHORNE, DANNY R			Living Committee Brown & But the Committee of the Committ	
STREET ADDRESS	5500 TAYLOR ROAD		al a	Company of the second of the second	
	NAPLES, FL 34109 MGRM				
TITLE NAME	HENTHORNE, LORRAINE		والمعادية	and the same and the	
STREET ADDRESS	1		1.		
CITY-SI-ZIP	NAPLES, FL 34109	_		the state of the s	
TITLE			The second of th		
NAME			a fall of		
STREET ADDRESS CITY-ST-ZIP			l l	DO NOT WRITE	
TITLE			_	IN THIS SPACE	
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STREET ADDRESS					
CITY-ST-ZIP				A contract to the second	
NAME				And the second second	
STREET ADDRESS					
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TITLE	1		1	and the second s	

11. I hereby certify that the information supplied with this filling 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:

\*\*BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP