

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90060 049 ****50.00

DOCUMENT # L05000108302					
1. Entity Name TAILWHEEL, LLC					
Principal Place of Business 3080 TAMiami TRAIL EAST NAPLES, FL 34112			Mailing Address 3080 TAMiami TRAIL EAST NAPLES, FL 34112		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-3833152	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLINS, THOMAS A II 3080 TAMiami TRAIL EAST NAPLES, FL 34112			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GILLIES, THOMAS A - name spelled wrong! 3050 TAMiami TRL E NAPLES, FL 34112		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Collins, Thomas A. II 3080 Tamiami Trail E Naples, FL 34112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM IVENCE, DON 2145 IMPERIAL CIR NAPLES, FL 34110		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MGRM Ivener, Don 2145 Imperial Circle Naples, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LANG, MICHAEL 2180 IMMOKOLEE RD STE 101 NAPLES, FL 34110		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPENCE, RAYMOND 12810 TAMiami TRL N NAPLES, FL 34110		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MURPHY, MICHAEL 4240 AVIAN AVE Fort Myers, FL 33916		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MURPHY, MICHAEL 4240 AVIAN AVE Fort Myers, FL 33916		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____				Date: 4-18-07 Daytime Phone #: 236/649-4900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					