

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108727

FILED  
Jan 22, 2007  
Secretary of State

**Entity Name:** FOOTPRINTS FORWARD, LLC

**Current Principal Place of Business:**

3033 RIVIERA DRIVE, SUITE 106  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

3033 RIVIERA DRIVE, SUITE 106  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 20-3800753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICI, JAMES R ESQ.  
C/O COX & NICI, 1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

NICI, JAMES R ESQ.  
1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110 US

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: JAMES R. NICI

01/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LITCHFIELD BROWN, DAWN  
Address: 3033 RIVIERA DRIVE, SUITE 106  
City-St-Zip: NAPLES, FL 34103 US

Title: MGR ( ) Delete  
Name: NELSON, DENNIS D  
Address: 3033 RIVIERA DRIVE, SUITE 106  
City-St-Zip: NAPLES, FL 34103 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAWN LITCHFIELD BROWN

MGR

01/22/2007

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