

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 29, 2006 8:00 am
Secretary of State

05-05-2006 90029 004 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000111363 1. Entity Name 791 10TH STREET SOUTH, #301, LLC					
Principal Place of Business 240 1ST AVENUE NORTH NAPLES FL 34102-5922			Mailing Address 240 1ST AVENUE NORTH NAPLES FL 34102-5922		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3816969	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUDGINS, THOMAS F 801 12TH AVENUE SOUTH, SUITE 200 NAPLES FL 34102				7. Name and Address of New Registered Agent Name Matthew John Soldavini, P.A. Street Address (P.O. Box Number is Not Acceptable) 801 12th Avenue South Suite 202 City Naples - FL Zip Code 34102	
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)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLDAVINI, MATTHEW J		NAME		
STREET ADDRESS	240 1ST AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102-5922		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify 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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 6/25/06 Daytime Phone #					