


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90218 038 ****50.00

| | |
|--|---|
| DOCUMENT # L05000112706 1. Entity Name DESOTO - 103, LLC |  |
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|--|--|
| Principal Place of Business 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909-6513 | Mailing Address 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909-6513 |
|--|--|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



02012007 Chg-LLC CR2E083 (12/06)

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|---|---------------------------------------|
| 4. FEI Number 20-3833665 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent WIDEIKIS, JOHN L ESQ. 1429 COLONIAL BLVD STE 201 FORT MYERS, FL 33907 | 7. Name and Address of New Registered Agent Name <u>James H Forrester</u> Street Address (P.O. Box Number is Not Acceptable) <u>1429 Colonial Blvd Ste 201</u> City <u>FT Myers</u> FL Zip Code <u>33907</u> |
|---|--|

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 2/5/07

| | | |
|---|--|--|
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|--------------------------------------|
| TITLE | MGRM <input type="checkbox"/> Delete |
| NAME | FORRESTER, JAMES H |
| STREET ADDRESS | 1429 COLONIAL BLVD STE 201 |
| CITY-ST-ZIP | FORT MYERS, FL 33901 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 10. ADDITIONS/CHANGES | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 2/5/07 Daytime Phone # 239-989-1188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE