## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000113194

Entity Name: FOX RUN LANE, LLC

**Current Principal Place of Business:** 

Address:

City-St-Zip:

CAMDEN, ME 04843

1275 GULF SHORE BOULEVARD NORTH

FILED Jan 04, 2008 Secretary of State

**New Principal Place of Business:** 

NAPLES, FL 34102 US	3			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
2401 PENNSYLVANIA AVENUE, NW SUITE 400		1275 GULF SHORE BLVD NORTH #101		
WASHINGTON, DC 2003	7 US	NAPLES, FL 34102	US	
FEI Number: 20-3840958	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
SIMMONS, LINDSAY 1275 GULF SHORE BLVD APT #101 NAPLES, FL 34102 US	)., NORTH			
The above named entity su in the State of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both	
SIGNATURE:				

Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGRM () Delete Title: () Change () Addition SIMMONS, LINDSAY TRUSTEE Name: Name: Address: 1275 GULF SHORE BOULEVARD NORTH #101 Address: City-St-Zip: NAPLES, FL 34102 US City-St-Zip: Title: MR () Delete Title: ( ) Change ( ) Addition SIMMONS, JAMES Name: Name: Address: 19 BEECHWOOD WAY Address: City-St-Zip: SCARBOROUGH, NY 10510 City-St-Zip: Title: () Delete Title: () Change () Addition SIMMONS, BRADLEY Name: Name: 29 RIDGEWOOD Address: Address: City-St-Zip: ROWYATON, CT 06853 City-St-Zip: Title: MS ( ) Delete Title: () Change () Addition SIMMONS, LESLIE Name: Name: P.O. BOX 1313

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: LINDSAY SIMMONS **MGRM** 01/04/2008