

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118483

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: WAGGONER FL PROPERTIES, LLC

## Current Principal Place of Business:

2016 ISLA VISTA LANE  
GREY OAKS COUNTRY CLUB  
NAPLES, FL 34105

## New Principal Place of Business:

2016 ISLA VISTA LANE  
GREY OAKS COUNTRY CLUB  
NAPLES, FL 34105 US

## Current Mailing Address:

2016 ISLA VISTA LANE  
GREY OAKS COUNTRY CLUB  
NAPLES, FL 34105

## New Mailing Address:

2016 ISLA VISTA LANE  
GREY OAKS COUNTRY CLUB  
NAPLES, FL 34105 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICI, JAMES R  
% COX & NICI  
1185 IMMOKALEE RD., STE. 110  
NAPLES, FL 34110 US

## Name and Address of New Registered Agent:

NICI, JAMES R  
C/O COX & NICI  
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

01/05/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WAGGONER, FRANK M  
Address: 2016 ISLA VISTA LANE  
City-St-Zip: NAPLES, FL 34105

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WAGGONER, FRANK M  
Address: 2016 ISLA VISTA LANE  
City-St-Zip: NAPLES, FL 34105 US

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: FRANK M. WAGGONER

MGR

01/05/2007

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