



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90213 007 \*\*\*\*50.00

<b>DOCUMENT # L05000120382</b> 1. Entity Name <b>FORT DENAUD 293, LLC</b>					
Principal Place of Business <del>7800 UNIVERSITY POINT DRIVE, SUITE 100</del> <del>FT. MYERS, FL 33907</del>			Mailing Address <del>7800 UNIVERSITY POINT DRIVE, SUITE 100</del> <del>FT. MYERS, FL 33907</del>		
2. Principal Place of Business - No P.O. Box # <b>14220 Royal Harbour Ct</b> Suite, Apt. #, etc. <b>S10</b>		3. Mailing Address <b>14220 Royal Harbour Ct</b> Suite, Apt. #, etc. <b>S10</b>			
City & State <b>Fort Myers, Florida</b> Zip <b>33908</b>		City & State <b>Fort Myers, Florida</b> Zip <b>33908</b>		4. FEI Number <b>20-3970644</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>D'ALESSANDRO, FRANK</b> <b>7800 UNIVERSITY POINT DRIVE, SUITE 100</b> <b>FT. MYERS, FL 33907</b>				7. Name and Address of New Registered Agent Name <b>Frank R D'Alessandro</b> Street Address (P.O. Box Number is Not Acceptable) <b>14220 Royal Harbour Ct</b> Suite <b>S10</b> City <b>Fort Myers</b>	
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)					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>D'ALESSANDRO, FRANK</b> <del>7800 UNIVERSITY POINTE DR #100</del> <b>FORT MYERS, FL 33907</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>14220 Royal Harbour Ct Suite S10</b> <b>Fort Myers, Florida 33908</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>Frank D'Alessandro, Manager</b> <b>SIGNATURE: [Signature]</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <b>2/28/07</b> Daytime Phone # <b>239-425-8469</b>	