

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120797

Entity Name: LYNNE POWERS, LLC

FILED  
Apr 26, 2006  
Secretary of State

**Current Principal Place of Business:**

1837 IMPERIAL GOLF COURSE BLVD  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1837 IMPERIAL GOLF COURSE BLVD  
NAPLES, FL 34110

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOEDE, JOHN C ESQ  
1185 IMMOKALEE ROAD, SUITE 120  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

GOEDE, JOHN C ESQ  
10001 TAMiami TRAIL NORTH  
SUITE 118  
NAPLES, FL 34108 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: JOHN GOEDE

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: POWERS, LYNNE  
Address: 1837 IMPERIAL GOLF COURSE BLVD  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LYNNE POWERS

MGR

04/26/2006

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