

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000121975

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Entity Name:** SAMIR CABRERA, 13800 FIDDLESTICKS BLVD, LLC

**Current Principal Place of Business:**

8801 COLLEGE PKWY  
SUITE 1  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8801 COLLEGE PKWY  
SUITE 1  
FORT MYERS, FL 33919

**New Mailing Address:**

12800 UNIVERSITY DRIVE  
SUITE 500  
FORT MYERS, FL 33907

**FEI Number:** 20-3997173      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CABRERA GP, LLC  
8801 COLLEGE PKWY  
SUITE 1  
FORT MYERS, FL 33919 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** CABRERA GP, LLC,  
**Address:** 8801 COLLEGE PKWY, SUITE 1  
**City-St-Zip:** FORT MYERS, FL 33919

**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: CABRERA GROUP

MGR

05/01/2006

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