2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED Feb 22, 2007 8:00 am Secretary of State 02-22-2007 90277 011 ****55.00

DOCUMENT # L06000005646 1. Enlity Name SOUTH 16165, LLC						02-22-2007 90	•	*55.0	00
Principal Place of Business Mailing Address									
16165 SOUTH TAMIAMI TRAIL 16165 SOUTH TAMIAMI TI FORT MYERS, FL 33908 US FORT MYERS, FL 33908						Påna othe aphe beke belke	. apin muiùi kint Chit i		PM+ 674 INM
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite Ant # etc		Suite, Apt. #, etc.		11666611431	DEFIN MENT MENT MENT MENT	i warii warai arib afiri i	rimsm mira	iai ili jari	
Suite, Apt. #, etc.		` .		01082007	Chg-LLC	CR2E083 (12		 	
City & State		City & State		4. FEI Numbe	574-587	9		plied For Applicable	
Zip	Country	Zip	Country			of Status Desired	⊈ \$5.0 Fee R		
	6. Name and Address of Current F	l legistered Agent			7. Name and	Address of New R			
			Nam	8					Ì
GLOCER, HELENE 1927 S.E. 37TH TERRACE CAPE CORAL, FL 33904			Stree	Street Address (P.O. Box Number is Not Acceptable)					
			City		FL Zip Code				
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 .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent si	nature required	d when reinstating)	-	DATE		
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State				
Fi D:	ling Fee is \$50.00 ue by May 1, 2007								•
Fi De 9.	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBEI	RS/MANAGERS	10.				Department of)
9. TITLE	MANAGING MEMBER MGRM	RS/MANAGERS Delete	TITLE			Florida	Department of	State	Addition
9.	MANAGING MEMBER MGRM GLOCER, HELENE		-	ss		Florida	Department of	State	
9. TITLE NAME	MANAGING MEMBER MGRM		TITLE NAME	SS		Florida	Department of	State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE		TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	SS		Florida	Department of	State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME			Florida	CHANGES	State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE			Florida	CHANGES	State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE			Florida	CHANGES	State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	SS		Florida	CHANGES CI	State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	SS		Florida	CHANGES CI	State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE	SS		Florida	CHANGES CI	State nange nange	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME TREET ADDRE CITY-ST-ZIP TITLE NAME	SS		Florida	CHANGES CI	State nange nange	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	SS		Florida	CHANGES CI	State nange nange	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE STREET ADDRE	SS		Florida	CHANGES CI	State nange nange nange	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	55		Florida	CHANGES CI CI	State nange nange nange	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	55		Florida	CHANGES CI CI	State nange nange nange	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE STREET ADDRE	55		Florida	CHANGES CI CI	State nange nange	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	Delete Delete Delete Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	SS		Florida	Department of CHANGES	State nange nange	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM GLOCER, HELENE 1927 S.E. 37TH TERRACE	Delete Delete Delete Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	SS		Florida	Department of CHANGES	State nange nange	Addition Addition Addition Addition

I nereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I forther 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.