


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90315 009 \*\*\*\*50.00

DOCUMENT # L06000012206	
1. Entity Name CIVIC, LLC	

Principal Place of Business 8825 TAMiami TRAIL EAST NAPLES, FL 34113	Mailing Address 8825 TAMiami TRAIL EAST NAPLES, FL 34113
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30011439



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03222007 Chg-LLC CR2E083 (12/06)

City & State	City & State	4. FEI Number 20-4244260	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name <b>Constance M. Burke</b> Street Address (P.O. Box Number is Not Acceptable)  1107 West Marion Avenue Suite 112 City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33950</b>
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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 *Constance M. Burke* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input checked="" type="checkbox"/> Delete
NAME	BOFF, JOSEPH
STREET ADDRESS	8825 TAMiami TRAIL EAST
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	MGR <input checked="" type="checkbox"/> Delete
NAME	DE LANGE, LUIT
STREET ADDRESS	8825 TAMiami TRAIL EAST
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Luit de Lange
STREET ADDRESS	8825 Tamiami Trail East
CITY-ST-ZIP	Naples FL 34113
TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Joseph D. Boff
STREET ADDRESS	942 N. Collier Blvd
CITY-ST-ZIP	Marco Island FL 34145
TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Joel Ira Bobrow
STREET ADDRESS	8825 Tamiami Trail East
CITY-ST-ZIP	Naples FL 34113
TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mrs. Ulrike de Lange- Garner
STREET ADDRESS	8825 Tamiami Trail East
CITY-ST-ZIP	Naples FL 34113
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE