# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 05, 2007 8:00 am**
**Secretary of State**
02-05-2007 90200 005 ***155.00

DOCUMENT # L06000012907

1. Entity Name
4735 PALM BEACH BLVD LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 4735 PALM BEACH BLVD. LLC<br>FT. MYERS, FL 33905 | 4735 PALM BEACH BLVD.<br>FT. MYERS, FL 33905 |

01252007 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | PO BOX 50412<br>Suite, Apt. #, etc. |
| City & State | City & State<br>FT MYERS, FL |
| Zip / Country | Zip 33994 Country LOC |

4. FEI Number 22-3921397 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145 | Name MICHAEL RYAN<br>Street Address (P.O. Box Number is Not Acceptable) 4735 PALM BEACH BLVD<br>City FT MYERS FL Zip Code 33905 |

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] 2-02-07
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

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

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>RYAN, MICHAEL P<br>4735 PALM BEACH BLVD.<br>FT. MYERS, FL 33905 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>ALBIN, DAVID R<br>4735 PALM BEACH BLVD.<br>FT. MYERS, FL 33905 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>RYAN, MICHAEL P<br>4735 PALM BEACH BLVD.<br>FT. MYERS, FL 33905 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ALBIN, DAVID R<br>4735 PALM BEACH BLVD.<br>FT. MYERS, FL 33905 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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.

**SIGNATURE:** David R Albin 2-02-07 (239) 433-3122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #