

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90076 001 ***416.25

DOCUMENT # L06000025129

1. Entity Name
NDF BATTLE CREEK, LLC



Principal Place of Business
**19091 TAMiami TRAIL, SE
FT. MYERS, FL 33908 US**

Mailing Address
**19091 TAMiami TRAIL, SE
FT. MYERS, FL 33908 US**



01102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-7809104

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FREEMAN, PAUL H
1840 WEST 49TH STREET
SUITE 410
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FREEMAN, NEIL D
19091 TAMiami TRAIL, SE
FT. MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FREEMAN, ALAN C
19091 TAMiami TRAIL, SE
FT. MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FREEMAN, PAUL H
19091 TAMiami TRAIL, SE
FT. MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Paul H Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 1/28/08

Daytime Phone # _____