


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90174 035 \*\*\*138.75

DOCUMENT # L06000031875 1. Entity Name 7557 CORDOBA CIRCLE LLC	
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Principal Place of Business 3000 IMMOKALEE ROAD SUITE 5 NAPLES, FL 34110 US	Mailing Address 3000 IMMOKALEE ROAD SUITE 5 NAPLES, FL 34110 US
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**60021816**

2. Principal Place of Business - No P.O. Box # <b>999 Vanderbilt Beach Rd.</b> Suite, Apt. #, etc. <b>Suite 610</b> City & State <b>Naples, FL</b> Zip <b>34108</b> Country <b>USA</b>	3. Mailing Address <b>999 Vanderbilt Beach Rd.</b> Suite, Apt. #, etc. <b>Suite 610</b> City & State <b>Naples, FL</b> Zip <b>34108</b> Country <b>USA</b>
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03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>37-4501274</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>JOSEPH, MICHAEL A</b> <b>3000 IMMOKALEE ROAD</b> <b>SUITE 5</b> <b>NAPLES, FL 34110</b>	7. Name and Address of New Registered Agent Name <b>Joseph, Michael A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>999 Vanderbilt Beach Road</b> Suite 610 City <b>Naples</b> FL Zip Code <b>34108</b>
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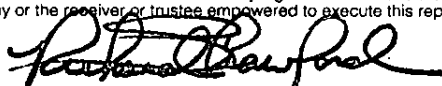
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAWFORD, RICHARD S 3000 IMMOKALEE ROAD, SUITE 5 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>999 Vanderbilt Beach Rd., Suite 610</b> <b>Naples, FL 34108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Date <b>3/19/08</b>	Daytime Phone # <b>239-593-6160</b>
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