

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 20 PM 3:08

DOCUMENT # L06000036009

1. Entity Name
CAPTIVA SHORES INVESTMENTS, LLC



Principal Place of Business
C/O GARY TASMAN
13131 UNIVERSITY DRIVE
FT. MYERS, FL 33907

Mailing Address
C/O GARY TASMAN
13131 UNIVERSITY DRIVE
FT. MYERS, FL 33907 --

2. Principal Place of Business - No P.O. Box #
13241 University Drive

3. Mailing Address
13241 University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number 20-4671317

Applied For
(Not Applicable)

Zip
33907

Country

Zip
33907

Country

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

6. Name and Address of Current Registered Agent

BOLANOS TRUXTON, P.A.
12800 UNIVERSITY DRIVE, SUITE 350
FT. MYERS, FL 33907

7. Name and Address of New Registered Agent

Name

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 and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGR
TASMAN, GARY
STREET ADDRESS
13131 UNIVERSITY DRIVE
CITY-ST-ZIP
FT. MYERS, FL 33907

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
13241 University Drive
STREET ADDRESS
Ft. Myers, FL 33907
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

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

Date

Daytime Phone #

525-15