

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 26, 2007 8:00 am
Secretary of State

04-10-2007 90079 021 ****50.00

DOCUMENT # L06000048589			
1. Entity Name SPANISH WELLS JOINT VENTURE, LLC			
Principal Place of Business 24880 BURNT PINE DRIVE #8 BONITA SPRINGS, FL 34134		Mailing Address 24880 BURNT PINE DRIVE #8 BONITA SPRINGS, FL 34134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEWHIRST, NED E 24880 BURNT PINE DRIVE #8 BONITA SPRINGS, FL 34134		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 _____ DATE _____ Signature, typed or printed name of registered agent and date of acceptance (NOTE: Registered Agent signature required when resigning)			
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 MCARDLE, DAVID A 4501 E. MAIN STREET ST. CHARLES, IL 60174 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OAKBROOK PROPERTIES, INC. 1600 E. MAIN STREET, SUITE B ST. CHARLES, IL 60174 ☐ 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
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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: _____		C. O. OAKBROOK PROPERTIES, INC. 3-1-07 63-5498643	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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4. FEI Number
36-3015109

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