

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90375 040 \*\*\*\*50.00

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<b>DOCUMENT # L06000053927</b> 1. Entity Name <b>COCOHATCHEE RIVER MEDICAL CONDOMINIUM UNIT #3, LLC</b>					
Principal Place of Business <b>1656 MEDICAL BLVD. 301 NAPLES, FL 34110 US</b>			Mailing Address <b>1656 MEDICAL BLVD. 301 NAPLES, FL 34110 US</b>		
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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NAPLES LAWDOK, INC.</b> <b>1395 PANTHER LANE</b> <b>300</b> <b>NAPLES, FL 34109</b>			Name <b>Steven A. Meckstroth</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1656 Medical Blvd Ste 301</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34110</b>		
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 <b>4/21/07</b>			
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 MECKSTROTH, STEVEN A 1656 MEDICAL BLVD. NAPLES, FL 34110	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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>4/21/07</b> Daytime Phone # <b>239 287 9481</b>			