

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056278

FILED  
May 01, 2007  
Secretary of State

Entity Name: 8540 COLLEGE PARKWAY, LLC

**Current Principal Place of Business:**

2240 W. FIRST ST.  
SUITE 105  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

2240 W. FIRST ST.  
SUITE 105  
FORT MYERS, FL 33901 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GARGANO, ANTHONY J  
2075 WEST FIRST STREET  
#203  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

GARGANO, ANTHONY J  
2240 WEST FIRST STREET  
#105  
FORT MYERS, FL 33901 US

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.

SIGNATURE: ANTHONY J. GARGANO

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GARGANO, ANTHONY J  
Address: 2075 WEST FIRST STREET, #203  
City-St-Zip: FORT MYERS, FL 33901 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GARGANO, ANTHONY J  
Address: 2240 WEST FIRST STREET, #105  
City-St-Zip: FORT MYERS, FL 33901 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY J. GARGANO

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date