

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074192

Entity Name: CABBYALVAACRES LLC

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

24600 S. TAMiami TRAIL #212
BONITA SPRINGS, FL 34134

New Principal Place of Business:

11300 LINDBERGH BLVD.
SUITE 111
FT. MYERS, FL 33913

Current Mailing Address:

P.O. BOX 402
ESTERO, FL 33928

New Mailing Address:

P.O. BOX 367658
BONITA SPRINGS, FL 34135

FEI Number: 20-5275205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABINESS, DAVE
24600 S. TAMiami TRAIL #212
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

CABINESS, DAVE
11300 LINDBERGH
SUITE 111
FT. MYERS, FL 33913 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:

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CABINESS, DAVE
Address: P.O. BOX 402
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CABINESS, DAVE
Address: P.O. BOX 367658
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVE S CABINESS

MGM

04/18/2007

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