


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-12-2007 90180 016 ****50.00

DOCUMENT # L06000092086

1. Entity Name
ARDNASAK 90 LLC



Principal Place of Business Mailing Address
137 SE 7TH PLACE **137 SE 7TH PLACE**
CAPE CORAL, FL 33990 US **CAPE CORAL, FL 33990 US**

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



04092007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

CHRISTMAS, DAVID
137 SE 7TH PLACE
CAPE CORAL, FL 33990

4. FEI Number
20-5587319

Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when remaining) _____ DATE _____

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	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTMAS, DAVID			NAME			
STREET ADDRESS	137 SE 7TH PLACE			STREET ADDRESS			
CITY - ST - ZIP	CAPE CORAL, FL 33990			CITY - ST - ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HECTOR, EVA			NAME			
STREET ADDRESS	137 SE 7TH PLACE			STREET ADDRESS			
CITY - ST - ZIP	CAPE CORAL, FL 33990			CITY - ST - ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHRISTMAS, ISAIAH			NAME			
STREET ADDRESS	137 SE 7TH PLACE			STREET ADDRESS			
CITY - ST - ZIP	CAPE CORAL, FL 33990			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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 808, Florida Statutes.

SIGNATURE:  **4/9/07**

SIGNATURE AND TYPE OF PRINTED NAME (SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) _____ Daytime Phone # _____