

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095771

FILED  
Mar 14, 2007  
Secretary of State

Entity Name: THE TAVERN @ FT. MYERS, LLC

**Current Principal Place of Business:**

1365 WINSLOW LANE  
NORTH PORT, FL 34286 US

**New Principal Place of Business:**

**Current Mailing Address:**

1365 WINSLOW LANE  
NORTH PORT, FL 34286 US

**New Mailing Address:**

FEI Number: 87-0783682      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHAPMAN, KENNETH D JR  
1920 GOLF STREET  
SARASOTA, FL 34236 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: EDMONDS, KEVIN F  
Address: 1365 WINSLOW LANE  
City-St-Zip: NORTH PORT, FL 34286 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: EDMONDS, JOHN B  
Address: 1365 WINSLOW LANE  
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGR ( ) Change (X) Addition  
Name: SAVILLE, TRACEY  
Address: 1365 WINSLOW LANE  
City-St-Zip: NORTH PORT, FL 34286 US

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: KEVIN F EDMONDS

MGR

03/14/2007

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