


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90174 017 ***138.75

DOCUMENT # L06000106663

1. Entity Name
 2203 REGAL WAY LLC



Principal Place of Business: 3000 IMMOKALEE ROAD, SUITE 5, NAPLES, FL 34110

Mailing Address: 3000 IMMOKALEE ROAD, SUITE 5, NAPLES, FL 34110

60021834



2. Principal Place of Business - No P.O. Box #: 999 Vanderbilt Beach Rd. Suite 610

3. Mailing Address: 999 Vanderbilt Beach Rd. Suite 610

03052008 Chg-LLC CR2E083 (12/06)

City & State: Naples, FL

City & State: Naples, FL

Zip: 34108 Country: USA

Zip: 34108 Country: USA

4. FEI Number: 20-5822609

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

JOSEPH, MICHAEL A
 3000 IMMOKALEE ROAD
 SUITE 5
 NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name: Joseph, Michael A.
 Street Address (P.O. Box Number is Not Acceptable): 999 Vanderbilt Beach Road
 Suite 610
 City: Naples FL Zip Code: 34108

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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, RICHARD 3000 IMMOKALEE ROAD, SUITE 5 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 Vanderbilt Beach Rd., Suite 610 Naples, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Richard Crawford 3/19/08 239-593-6160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #