


**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, Apt. #, etc.  
 Suite 610

3. Mailing Address  
 999 Vanderbilt Beach Rd.  
 Suite, Apt. #, etc.  
 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
---	--

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
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
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
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
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

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 #