
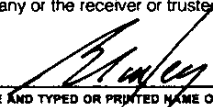


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90076 022 \*\*\*\*50.00

|  |   |                     |  |  |  |
|--|---|---------------------|--|--|--|
| <b>DOCUMENT # L06000108371</b><br>1. Entity Name<br><b>BRUCE DOCK INVESTMENTS, LLC</b>   |   |                     |  |   |  |
| Principal Place of Business<br><b>206 RIDGE DRIVE<br/>NAPLES, FL 34108</b>   |   |                     | Mailing Address<br><b>206 RIDGE DRIVE<br/>NAPLES, FL 34108</b> |  |  |
| 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  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CONLEY, BRUCE D<br/>206 RIDGE DRIVE<br/>NAPLES, FL 34108</b>  |   |                     |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |                     |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   |                     | <b>Make check payable to<br/>Florida Department of State</b>   |  |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |   |                     | <b>10. ADDITIONS / CHANGES</b>                                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>CONLEY, BRUCE D<br/>206 RIDGE DRIVE<br/>NAPLES, FL 34108</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |                     |  |  |  |
| <b>SIGNATURE:</b>   |   |                     | Date: <b>4/27/07</b> Daytime Phone #: <b>239-592-9300</b>      |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |                     |  |  |  |



04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number **71-1018512** Applied For ☐ Not Applicable ☐

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