

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-08-2007 90115 029 *****50.00
L06000110159

FILED

2007 JUL -5 A 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|--|
| DOCUMENT # L06000110159 | |
| 1. Entity Name FRENCH QUARTER COLLIER, LLC | |



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|--|--|
| Principal Place of Business 600 FIFTH AVENUE SOUTH, SUITE 207 NAPLES, FL 34102 | Mailing Address 600 FIFTH AVENUE SOUTH, SUITE 207 NAPLES, FL 34102 |
|--|--|

| | | | |
|--|---------|---------------------|---------|
| 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 |

04252007 Chg-LLC CR2E083 (12/06)

| | |
|------------------------------------|--|
| 4. FEI Number 20-8924879 | Applied For <input type="checkbox"/> Not Applicable |
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|---|
| 5. Certificate of Status Desired. <input type="checkbox"/> \$5.00 Additional Fee Required |
|---|

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent BRUGGER, JOHN N 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES, FL 34102 | | 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 reinstating) 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 NAME STREET ADDRESS CITY - ST - ZIP | MGR CALLIS, JOHN 600 FIFTH AVENUE SOUTH, SUITE 207 NAPLES, FL 34102 <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 |
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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:

John N. Brugger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/07 239-265-6000
Date Daytime Phone #