

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-16-2007 90181 021 ****50.00

DOCUMENT # L06000111757

1. Entity Name
ALICO-LEE ROAD 11, LLC



Principal Place of Business
**1800 MARINA CIRCLE
NORTH FORT MYERS, FL 33903**

Mailing Address
**1800 MARINA CIRCLE
NORTH FORT MYERS, FL 33903**

30002120



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-5916486

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLY, DANIEL
1800 MARINA CIRCLE
NORTH FORT MYERS, FL 33903**

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

Signature, typed or printed name of registered agent and title if applicable.

(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	MGRM NICNAT INVESTMENTS, LLC 1800 MARINA CIRCLE NORTH FORT MYERS, FL 33903	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAG, BRIAN 4829 CORONADO PARKWAY CAPE CORAL, FL 33904	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCULUS ATLANTIC HOLDINGS, LLC P O BOX 61199 FORT MYERS, FL 33907	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHRIGLEY, MICHAEL 9770 BENTGRASS BEND NAPLES, FL 34108	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daniel M. Kelly

2/10/07

**239
205-7019**

Date

Daytime Phone #