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FILED
Aug 31, 2007 8:00 am
Secretary of State

07-23-2007 90076 018 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000112069

1. Entity Name
136 EL DORADO PARKWAY, LLC

30012613

07062007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
12730 NEW BRITTANY BLVD., SUITE 407 FORT MYERS, FL 33907	12730 NEW BRITTANY BLVD., SUITE 407 FORT MYERS, FL 33907

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
6296 Corporate Court		6296 Corporate Court	
Suite, Apt. #, etc. B-102		Suite, Apt. #, etc. B-102	
City & State Ft. Myers FL		City & State Ft Myers FL	
Zip 33919	Country USA	Zip 33919	Country USA

4. FEI Number 20-5917591 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOWLER WHITE BOGGS BANKER P.A.
501 E. KENNEDY BLVD., SUITE 1700
C/O HUNTER J BROWNLEE
TAMPA, FL 33602

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 ______________________________
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 September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Patrick Logue 6296 Corporate Ct B102 Ft Myers FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Patrick Logue Manager 7/17/07 239.333.1137

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