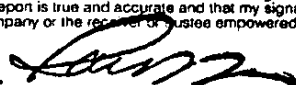


FILED
Aug 31, 2007 8:00 am
Secretary of State

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

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000112069			
1. Entity Name 136 EL DORADO PARKWAY, LLC			
Principal Place of Business 12730 NEW BRITTANY BLVD., SUITE 407 FORT MYERS, FL 33907		Mailing Address 12730 NEW BRITTANY BLVD., SUITE 407 FORT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # 6296 CORPORATE COURT		3. Mailing Address 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 remaining) 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 LOQUE 6296 CORPORATE CT B102 FT MYERS FL 33919		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		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 recorder of trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		MANAGER 7/17/07 239.333.1137	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	