


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90077 005 ****50.00

DOCUMENT # L06000116833			
1. Entity Name 1114 AVIANO CARRIAGE, L.L.C.			
Principal Place of Business 958 N. BAY SHORE DRIVE SISTER BAY, WI 54234		Mailing Address 958 N. BAY SHORE DRIVE SISTER BAY, WI 54234	
2. Principal Place of Business - No P.O. Box # 12870 CARRINGTON CIRCLE Suite, Apt. #, etc. 104		3. Mailing Address 12870 CARRINGTON CIRCLE Suite, Apt. #, etc. 104	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34105	Country USA	Zip 34105	Country USA
6. Name and Address of Current Registered Agent WEBSTER, RONALD S. 979 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145		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	MGRM KELNHOFER, PAUL J 958 N. BAY SHORE DRIVE SISTER BAY, WI 54234 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBARA GOODMAN 12870 CARRINGTON CIRCLE #104 NAPLES, FLORIDA 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELNHOFER, DIANE M 958 N. BAY SHORE DRIVE SISTER BAY, WI 54234 <input checked="" 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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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
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: <u>Barbara Goodman</u>		2-28-07 239-643-1833	

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