

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000012128

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** PPCASON FAMILY PARTNERSHIP LLC

**Current Principal Place of Business:**

953 3RD AVE N  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

953 3RD AVE N  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 20-8964915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASON, PAULINE P  
154 TAHITI CIRCLE  
NAPLES, FL 34113 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CASON, PAULINE P  
Address: 154 TAHITI CIRCLE  
City-St-Zip: NAPLES, FL 34113 US

Title: MGRM  
Name: REYNOLDS, LESLIE C  
Address: 1724 46TH STREET SW  
City-St-Zip: NAPLES, FL 34116 US

Title: MRGM  
Name: HEAD, LAURA C  
Address: 8681 KILKENNY COURT  
City-St-Zip: FT MYERS, FL 33912 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** PAULINE P. CASON

PRIN

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date