


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90043 002 ***138.75

DOCUMENT # L07000019287		
1. Entity Name 2319 LLC		

Principal Place of Business 411 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441	Mailing Address P.O. BOX 1106 DEERFIELD BEACH, FL 33441
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60001250

2. Principal Place of Business - No P.O. Box # 2319 J&C Blvd.	3. Mailing Address 2360 Trade Center Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples FL	City & State Naples FL
Zip 34109	Zip 34109
Country US	Country US



01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0185179	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CONNICK, A T 411 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441	
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7. Name and Address of New Registered Agent Name: Cynthia N. Deshields Street Address (P.O. Box Number is Not Acceptable): 2360 Trade Center Way City: Naples FL Zip Code: 34109	
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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: Cynthia N. Deshields Cynthia N. Deshields 1-8-08 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESHIELDS, C STEVEN 411 EAST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2360 Trade Center Way Naples, FL 34109 <input checked="" 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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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: C. Steven Deshields, c. Steven Deshields 1/8/08 239-591-2224 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 1/8/08	Daytime Phone # 239-591-2224
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