

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-14-2008 90043 013 ***138.75

DOCUMENT # L07000026315 1. Entity Name 3111 LEEWARD LANE, LLC					
Principal Place of Business 4060 TAMiami TRAIL NORTH NAPLES, FL 34103			Mailing Address 4060 TAMiami TRAIL NORTH NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-8626807 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01082008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent COLEMAN, KEVIN G 4001 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103					
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 _____	
9. MANAGING MEMBERS/MANAGERS PROXY JAMES S. COLEMAN 234 MERMAIDS BIGHT NAPLES, FL 34103					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		10. ADDITIONS/CHANGES ☐ 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: _____ 1-10-08 839-261-1713 SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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