## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 31, 2008 8:00 am **Secretary of State** DOCUMENT # L07000042091 01-31-2008 90065 043 \*\*\*138.75 SANÓCASTLE OF SANIBEL, LLC Principal Place of Business Mailing Address PANAAA-1123 SANDCASTLE ROAD 220 N CHICAGO STREET LITCHFIELD, MI 49252 US SANIBEL, FL 33957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 01282008 Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-0229993 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MURTY & MONK, P.A. Street Address (P.O. Box Number is Not Acceptable) 1633 PERIWINKLE WAY SUITE A SANIBEL, FL 33957 City Zip Code FL 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 Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM THLE Change ■ Addition TITLE Delete WHITE, JAMES ME H . NAME NAME 220 N. CHICAGO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LITCHFIELD, MI 49252 CITY-ST-ZIP MGRM ☐ Change ☐ Addition Delete TITLE TITLE NAME TRAVIS, NANCY K STREET ADDRESS 220 N. CHICAGO STREET STREET ADDRESS CITY-ST-ZIP LITCHFIELD, MI 49252 CITY-ST-ZIP Delete ■ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe Addition Delete MME

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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.

NAME

STREET ADDRESS

CITY-ST-ZtP

NAME

STREET ADDRESS CITY-ST-ZIP

Jan. 28, 2008 (517) 542-3098 SIGNATURE: Naticy K. Travis

SIGNATURE and Typed or Printed name of signing managing member, manager, or authorized representative Daytime Phone #