2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L07000081386 1. Entity Name									O.I.	SECRE VISION	TARY C	OF STATE	10
FORT MYERS PATIO, LLC							OIVISION OF CORPORATIONS 08 JUN 18 AM 9: 48						
Principal Place of Business				Mailing Address					•		110 6	117 J. H.	,
6810 N. STATE ROAD 7 COCONUT CREEK FL 33073				6810 N. STATE ROAD 7 COCONUT CREEK FL 33073									
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				112	P14811 A14 BB111 H			iai ilaas mai talis	
Suite, Apt. #, etc.				Suite, Apt. #, etc					st MOORI	E	CR2E08	3 (10/07)	
City & State				City & State			4. FEI Num:	per				Applied For Not Applicable	
Zip		Country Zip Cou 6. Name and Address of Current Registered Agent				try	., 1,.	5. Certificat				\$5.00 A	
		Name	,	7. Name an	d Address	of New f	Registered	1 Agent					
ECOFF, GARY 6810 N. STATE ROAD 7 COCONUT CREEK FL 33073					Street Addre	ress (P.0	O. Box Numl	per is Not A	cceptabl	e) F	Z _P Co	de	
	named entitions of regist	y submits this statement for	or the p	purpose of changing its	registere	ed office or reg	gistered	dagent, or b	oth, in the S	State of FI			i, and accept
SIGNATURE		or printed harre of requirered agent	t and tike	d septionals (NOT)	E Regist or o	n Agent signature re	requestel we	ion romsating)			DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of \$166.19/0801035-											.063 010	379 **538.	75
9.		MANAGING MEMBI	ERS/N	MANAGERS	10.			1	AC	DITIONS	/CHANGE	:S	
TITLE	MGR			☐ Defete	TITUE NAMI							☐ Change	Control I
NAME ECOFF, GARY STREET ADDRESS 6810 N. STATE ROAD 7					ET ADDRESS								
CITY-ST-ZIP		CREEK FL 33073			CITY	- \$7 - ZIP					. 18	5008	
TITLE				☐ Delete	TITLE				3.Toda	* 1/1	HIL	☐ Change	Addition
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NAME SIBEET ADDRESS					MAM STPF	ET ALIDRESS							
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name Street address					MAM	ET ADDRESS							
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NAME					NAME								
Street Address City St-Zip						et address -St. Zip							
11. Deceby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accullate 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 leceiver of trustee empowered to execute this report as required by Chapter 608, Futida Statutes.													
SIGNATURE: SIGNATURE and TYPED OF PRINTED RANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE CHIEF CHAPTERS #													