

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90125 032 ***143.75

DOCUMENT # L07000105938					
1. Entity Name SANIBEL INVESTMENTS ENTERPRISES, LLC					
Principal Place of Business 3530 KRAFT ROAD, SUITE 300 NAPLES, FL 34105			Mailing Address 3530 KRAFT ROAD, SUITE 300 NAPLES, FL 34105		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent MACIVOR, THOMAS A CPA 3530 KRAFT ROAD, SUITE 300 NAPLES, FL 34105			7. Name and Address of New Registered Agent Name: <u>MACIVOR, Thomas A, CPA</u> Street Address (P.O. Box Number is Not Acceptable) City: <u>FL</u> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>KAMBIZ ZAND</u> <u>3530 KRAFT ROAD, SUITE 300</u> <u>NAPLES, FL 34105</u> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>KAMBIZ ZAND</u> <u>3530 KRAFT ROAD</u> <u>SUITE 300</u> <u>NAPLES, FL 34105</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>THOMAS A. MACIVOR</u> <u>3530 KRAFT ROAD, SUITE 300</u> <u>NAPLES, FL 34105</u> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>THOMAS A. MACIVOR</u> <u>3530 KRAFT ROAD</u> <u>SUITE 300</u> <u>NAPLES, FL 34105</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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	
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: <u>Thomas A. Macivor</u>			Date: <u>3/31/08</u>		Daytime Phone #: <u>(239) 434-0600</u>