


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**4. May 30, 2008 8:00 am  
Secretary of State**

04-28-2008 90033 049 \*\*\*138.75

|   |   |
|---|---|
| <b>DOCUMENT # L07000111471</b>                      |  |
| 1. Entity Name<br><b>COMMUNITY FUNDRAISING, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>5345 LEEDS ROAD<br/>FORT MYERS, FL 33907</b> | Mailing Address<br><b>5345 LEEDS ROAD<br/>FORT MYERS, FL 33907</b> |
|--|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|   |                                |
|---|--------------------------------|
| 03142008 Chg-LLC<br>26 1357796                            | CR2E083 (12/06)                |
| 4. FEI Number<br>26-1357796                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

**30008121**



|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                    |  |
| <b>ROSS, THOMAS D<br/>5345 LEEDS ROAD<br/>FORT MYERS, FL 33907</b> |  |

|  |          |
|--|----------|
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ROSS, THOMAS D<br>5345 LEEDS ROAD<br>FORT MYERS, FL 33907 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TRAVIS, DAVID A<br>5345 LEEDS ROAD<br>FORT MYERS, FL 33907 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 606, Florida Statutes.

|   |                     |                                     |
|---|---------------------|-------------------------------------|
| <b>SIGNATURE:</b> <i>David A Travis</i> <b>DAVID A TRAVIS</b> | Date <b>4-23-08</b> | Daytime Phone # <b>239/275-3678</b> |
|---|---------------------|-------------------------------------|