

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90130 041 ***138.75

DOCUMENT # L07000126529 1. Entity Name TOWNLEY TRUST, LLC					
Principal Place of Business 870 BUTTONWOOD DRIVE FORT MYERS BEACH, FL 33931-2202			Mailing Address 870 BUTTONWOOD DRIVE FORT MYERS BEACH, FL 33931-2202		
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	
Country		Country		04032008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 26-1613452				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				60021660 	
6. Name and Address of Current Registered Agent GREEN, BRUCE D 1380 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Arthur J. Townley Street Address (P.O. Box Number is Not Acceptable) 870 Buttonwood Dr. City FL. Myers Beach FL Zip Code 33931-2202		
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 A.J. Townley (Pres.) DATE 4/8/08 <small>Signature typed or printed name of business, if agent and sole, applicable. (NOTE: Registered Agent signature required when registering.)</small>					
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	MGR / Pres. TOWNLEY, ARTHUR JAMES III 870 BUTTONWOOD DRIVE FORT MYERS BEACH, FL 339312202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR / K Pres TOWNLEY, MARK ALAN 870 BUTTONWOOD DRIVE FORT MYERS BEACH, FL 339312202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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: A.J. Townley DATE 4/8/08 Daytime Phone # 239-463-2939 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					