

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90041 037 \*\*\*\*50.00

|                                               |                                                                                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L99000002024</b>                |  |
| 1. Entity Name<br><b>ROYAL ADMIRALTY, LLC</b> |                                                                                   |

|                                                                                                       |                                                                                           |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>8889 PELICAN BAY BOULEVARD<br/>STE 201<br/>NAPLES FL 34108-7503</b> | Mailing Address<br><b>8889 PELICAN BAY BOULEVARD<br/>STE 201<br/>NAPLES FL 34108-7503</b> |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                            |                                                |
|----------------------------------------------------------------------------|------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>1415 Panther Lane</b> | 3. Mailing Address<br><b>1415 Panther Lane</b> |
| Suite, Apt. #, etc.<br><b>Suite 204</b>                                    | Suite, Apt. #, etc.<br><b>Suite 204</b>        |
| City & State<br><b>Naples, FL</b>                                          | City & State<br><b>Naples, FL</b>              |
| Zip<br><b>34109</b>                                                        | Country<br><b>USA</b>                          |



1st MOORE CR2E083 (10/06)

|                                                                                                                                           |  |                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. FEI Number<br><b>59-3571877</b>                                                                                                        |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                             |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                  |  |                                                                                                                                                                                                                                                    |
| 6. Name and Address of Current Registered Agent<br><b>AUTERA, MICHAEL E<br/>8889 PELICAN BAY BOULEVARD, SUITE 201<br/>NAPLES FL 34108</b> |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Autera, Michael E.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1415 Panther Lane</b><br><b>Suite 204</b><br>City<br><b>Naples</b> <b>FL</b> Zip Code<br><b>34108</b> |

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                                                                      | 10. ADDITIONS/CHANGES                              |                                                                                                                                                            |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>AUTERA, MICHAEL E<br>8889 PELICAN BAY BOULEVARD, SUITE 201<br>NAPLES FL 34108 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>Autera, Michael E.<br>1415 Panther Lane, Suite 204<br>Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>AUTERA, MARTHA T<br>8889 PELICAN BAY BOULEVARD, SUITE 201<br>NAPLES FL 34108 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>Autera, Martha T.<br>1415 Panther Lane, Suite 204<br>Naples, FL 34109 <input checked="" 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 Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Michael E. Autera as Manager**  
**of Royal Admiralty, LLC**

**239-591-6795**

Daytime Phone #