



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000002980 1. Entity Name METROVEST, L.L.C.	
--	---

Principal Place of Business 12120 METRO PARKWAY FORT MYERS, FL 33912	Mailing Address 12120 METRO PARKWAY FORT MYERS, FL 33912
--	--

DO NOT WRITE IN THIS SPACE



08282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0931241	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TUCKER, WILLIAM R
12120 METRO PARKWAY
FORT MYERS, FL 33912**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing) DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

U000000773477
09/06/07-80006-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUCKER, WILLIAM R 12120 METRO PARKWAY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: William R. Tucker **08/31/07 (239) 275-5325**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #