

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90277 041 ****50.00

00017613



02082007 Chg-LLC CR2E083 (12/06)

4. FEI Number **59-3608056** ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III
3838 TAMiami TRAIL NORTH, SUITE 402
NAPLES, FL 34103

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GOLDBERG, GERALD I
STREET ADDRESS 375 3RD. AVE SOUTH
CITY-ST-ZIP NAPLES, FL 34102

TITLE MGRM ☒ Delete
NAME BURRUS, JANICE M
STREET ADDRESS 1071 SOUTH BARFIELD DRIVE
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE MGRM ☒ Delete
NAME BURRUS, CHARLES D
STREET ADDRESS 1071 SOUTH BARFIELD DRIVE
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE MGRM ☐ Delete
NAME WEIL, LUIS
STREET ADDRESS 5995 SHIER RINGS RD
CITY-ST-ZIP DUBLIN, OH 430161237

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☐ Addition
NAME GOLDBERG, GERALD I
STREET ADDRESS 375 3RD AVENUE SOUTH
CITY-ST-ZIP NAPLES, FL 34102

TITLE MGRM ☐ Change ☐ Addition
NAME WEIL, LUIS
STREET ADDRESS 5995 SHIER RINGS ROAD
CITY-ST-ZIP DUBLIN, OH 43016-1237

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Luis Weil*

LUIS WEIL

2/8/07

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

Date

Daytime Phone #