

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90030 010 \*\*\*\*50.00

60050241



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
41-2072619

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CHILDERS COMMERCIAL PROPERTIES, INC.  
1301 RIVERPLACE BLVD, SUITE 2101  
JACKSONVILLE, FL 32-2047

**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 \_\_\_\_\_

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME GAMAR, PETER D  
STREET ADDRESS 16 MT. EBO ROAD  
CITY-ST-ZIP SOUTH BREWSTER, NY 10509

TITLE ~~MGR~~  
NAME ~~DAVIS, BARRY M~~  
STREET ADDRESS ~~16 MT. EBO ROAD~~  
CITY-ST-ZIP ~~SOUTH BREWSTER, NY 10509~~ - delete -

TITLE  
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CITY-ST-ZIP

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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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

PETER D. GAMAR

845-278-2822