

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90036 029 ****55.00

DOCUMENT # M03000002747

1. Entity Name
PUNTA GORDA CROSSINGS, LLC



Principal Place of Business
**401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292**

Mailing Address
**401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
56-2386136

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, N. BERRY SR.
401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292**

7. Name and Address of New Registered Agent

Name **THOMAS H. TAYLOR, JR**
Street Address (P.O. Box Number is Not Acceptable)
401 COMMERCIAL COURT, SUITE A
City **VENICE** FL Zip Code **34292**

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

Thomas H. Taylor, Jr **Thomas H. Taylor, Jr**

(NOTE: Registered Agent signature required when reinstating)

4/10/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **N. BERRY TAYLOR, SR.**
STREET ADDRESS **401 COMMERCIAL COURT, SUITE A**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **THOMAS H. TAYLOR, JR**
STREET ADDRESS **401 COMMERCIAL CT STE A**
CITY-ST-ZIP **VENICE, FL 34292**

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

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

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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:

Thomas H. Taylor, Jr **Thomas H. Taylor, Jr, MGR**

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

4/10/06
Date

(941) 493-8549
Daytime Phone #