

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

**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**



04172007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2386136</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

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

**TAYLOR, JR, THOMAS H  
401 COMMERCIAL COURT  
SUITE A  
VENICE, FL 34292**

**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR TAYLOR, JR, THOMAS H 401 COMMERCIAL COURT, SUITE A VENICE, FL 34292</b>
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05/01/07-80104-013 55.00

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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 608, Florida Statutes.

**SIGNATURE:**

**THOMAS H. TAYLOR, JR**

**4-18-07**

**(941) 493-8549**

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

Date

Daytime Phone #