

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06 1998 8:00 am  
Secretary of State

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

BY: \_\_\_\_\_

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000778**

PEPPERTREE POINTE MARINA LLC  
11780 IONA ROAD  
FT. MYERS FL 33908

1a. Principal Place of Business Address  
11780 IONA ROAD  
FT. MYERS FL 33908

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

11/25/1997

WI

4. FEI Number

☐ Applied For

☐ Not Applicable

39-1912723

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

SLEETER, GERALD F  
11780 IONA ROAD  
FT. MYERS FL 33908

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when re-instating)

DATE

3-27-98

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM

PEPPERTREE POINTE LI,

839 NORTH 11TH STREET

MILWAUKEE WI

000002485680-9

-04/10/98-01119-016

\*\*\*188.75 \*\*\*188.75

FILED  
98 APR -6 PM 12:57  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #