

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90315 005 \*\*\*\*50.00

**DOCUMENT # M99000001024**

1. Entity Name  
**WESTBROOK LELY GOLF VILLAS I, L.L.C.**



Principal Place of Business  
**8825 TAMiami TRAIL EAST  
NAPLES, FL 34113 US**

Mailing Address  
**8825 TAMiami TRAIL EAST  
NAPLES, FL 34113 US**

**60048896**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**13-3993408**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOBROW, JOEL  
8825 TAMiami TRAIL EAST  
NAPLES, FL 34113**

7. Name and Address of New Registered Agent

Name  
**Constance M. Burke**

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

**1107 West Marion Avenue Suite 112**

City  
**Punta Gorda**

**FL**

Zip Code  
**33950**

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

*Constance M. Burke*

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DE LANGE, LUKE  
8825 TAMiami TRAIL EAST  
NAPLES, FL 34113** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Mr. Luit de Lange  
8825 Tamiami Trail East  
Naples, FL 34113** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Mr. Joseph D. Boff  
942 N. Collier Blvd  
Marco Island, FL 34145** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Mr. Joel Ira Bobrow  
8825 Tamiami Trail East  
Naples FL 34113** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Mrs. Ulrike de Lange- Garner  
8825 Tamiami Trail East  
Naples, FL 34113** ☐ Change ☒ Addition

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

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

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:**

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

Date

Daytime Phone #

*Wiboy* *239 774 5337*