

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90049 003 ****50.00

60005448



01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-0935967

Applied For
Not Applicable

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

DOCUMENT # M99000001246

1. Entity Name -
ISABEL COLLIER READ, LLC



Principal Place of Business
8889 PELICAN BAY BOULEVARD
SUITE 403
NAPLES, FL 34108

Mailing Address
58889 PELICAN BAY BOULEVARD
SUITE 403
NAPLES, FL 34108

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

3. Mailing Address
8889 PELICAN BAY BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 403

City & State
NAPLES, FL

Zip
34108

Country
USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City
FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLK, SAMUEL S 634 GUARD HILL ROAD BEDFORD, NY 10506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.

SIGNATURE: Samuel S. Polk, Manager 1/24/07 279-596-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #