

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L93000000045**

1. Entity Name  
**LARSON SANIBEL CONDO, L.C.**



Principal Place of Business  
**DOSINIA CONDO  
3339 W. GULF DR UNIT 4E  
SANIBEL ISLAND, FL 33957**

Mailing Address  
**1145 BIRD LN  
SANIBEL, FL 33957**



08242007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-3863794**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

**NICHOLS, RONALD  
2628 GULF-TO-BAY BLVD.  
CLEARWATER, FL 34619**

**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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARSON, CAROL D 1145 BIRD LANE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM NICHOLS, RONALD 2626 GULF-TO-BAY BLVD. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARSON, ALLEN 1145 BIRD LANE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARSON, ALLEN K JR 21195 RADISSON INN RD EXCELSIOR, MN 55331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/30/07-80002-005 55.00

**DO NOT WRITE  
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:**

*Carol D. Larson*

*8/23/07*

*239-472-6534*

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

Date

Daytime Phone #