

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
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DO NOT WRITE IN THIS SPACE



08242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 36-3863794	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NICHOLS, RONALD 2628 GULF-TO-BAY BLVD. CLEARWATER, FL 34619
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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) 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

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 #