## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2008 8:00 am Secretary of State

DOCUMENT # 706671  1. Entity Name LA TOUR RIVAGE APARTMENTS, INC.								008 90039 0	10 ****6	1.25	
Principal Place of Business  1851 GULF SHORE BOULEVARD NAPLES, FL 34102  Mailing Address  1851 GULF SHORE BOULEVARD NAPLES, FL 34102					.EVARD		40020147				
2. Principal F	Place of Business - No P.O. Box #	3. Mai	ing Address								
Suite, Apt	.#, etc.	Su	ite, Apt. #, etc.				04102008	Chg-NP	CR2E0	37 (12/06)	
City & Stat	te	Cit	y & State	-			4. FEI Numbe 59-109			<u> </u>	oplied For ot Applicable
Zip	Country	Zip	·	Cou	Intry	+	5. Certificate	of Status Desire	ed	\$8.75.Add Fee Require	ditional
	6. Name and Address of Curre	nt Registere	d Agent				7. Name and	Address of No	w Registered	Agent	
GARLICK	THOMAS B				Name						
	CAN BAY BOULEVARD				Street A	ddress (F	P.O. Box Numbe	ar is Not Accept	table)		
NAPLES,	FL 34100				City					Zip Cod	
	:				City				FL	Zip Cod	8
	named entity submits this statement tions of registered agent.	t for the purp	ose of changing its r	registere	ed office o	r registere	ed agent, or bot	th, in the State o	of Florida. I am	amiliar with,	and accept
SIGNATURE											
	Signature, typed or printed name of registered ag	ent and title if app	icable. (NOTE:	Registered	d Agent signat	ure required	when reinstating)		DATE		
, a. a.	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2008	ent and title if app	9. Election Cam Trust Fund Ca	paign F	inancing		when reinstating) \$5.00 May B Added to Fees	6	Make checi Florida Depar		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND		9. Election Cam Trust Fund Ca	paign F	inancing		\$5.00 May B	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Make check	ment of St	tate .
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #