# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L01000012996**

1. Entity Name
SALEM PROPERTIES OF NAPLES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1920 TARPON ROAD<br>NAPLES, FL  34102 | 1920 TARPON ROAD<br>NAPLES, FL  34102 |

## DO NOT WRITE IN THIS SPACE

02162005 No Chg-LLC          CR2E083 (10/03)

| 4. FEI Number | | Applied For |
|---|---|---|
| 65-1129888 | | Not Applicable |

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

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

WOOD, DOUGLAS A
1000 TAMIAMI TRAIL NORTH, STE 201
NAPLES, FL  34102

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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_____

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, 2005**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | THORNHILL, GLENN O |
| STREET ADDRESS | 1920 TARPON ROAD |
| CITY-ST-ZIP | NAPLES, FL |
| TITLE | MGR |
| NAME | FARRELL, WILLIAM |
| STREET ADDRESS | 201 E WOODGLEN RD |
| CITY-ST-ZIP | SPARTANBURG, SC  29301 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/22/05-80014-010 50.00

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ mgr.                    2/16/05    864-582-9090

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