

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000021023

1. Entity Name
ANTARAMIAN/RETAIL PARTNERS, LLC



Principal Place of Business
365 FIFTH AVE. SOUTH, STE. 201
NAPLES, FL 34102

Mailing Address
365 FIFTH AVE. SOUTH, STE. 201
NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE



03092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
85-1157638

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTARAMIAN, JACK J
365 FIFTH AVE. SOUTH, STE. 201
NAPLES, FL 34102

**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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ANTARAMIAN, JACK J
STREET ADDRESS	365 FIFTH AVENUE SOUTH, STE. 201
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	PEZESHKAN, F. FRED
STREET ADDRESS	2806 SOUTH HORSESHOE DRIVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80046-007 55.00

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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:

Thomas A. McIntire Thomas A. McIntire V.P.

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

Date

Daytime Phone #

4/10/06 (239) 434-0600