

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021023

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Entity Name:** RETAIL PARTNERS OF NAPLES, LLC

**Current Principal Place of Business:**

3530 KRAFT RD STE 204  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

3530 KRAFT RD STE 204  
NAPLES, FL 34105

**New Mailing Address:**

**FEI Number:** 65-1157638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

R&A AGENTS, INC.  
C/O STEPHEN E. THOMPSON, ASSIST SECRETARY  
850 PARK SHORE DRIVE  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ZAND, KAMBIZ  
**Address:** 3530 KRAFT RD STE 204  
**City-St-Zip:** NAPLES, FL 34105

**Title:** MGRM  
**Name:** PEZESHKAN, ALEXANDER  
**Address:** 3530 KRAFT RD STE 204  
**City-St-Zip:** NAPLES, FL 34105

**Title:** SEC  
**Name:** MACIVOR, THOMAS A  
**Address:** 3530 KRAFT RD STE 204  
**City-St-Zip:** NAPLES, FL 34105

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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. MACIVOR

MGR

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date