

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90584 004 ****50.00

DOCUMENT # L02000001109

1. Entity Name
REALTY GROUP OF NAPLES, LLC



Principal Place of Business
**26451 ROOKERY LAKE DR.
BONITA SPRINGS FL 34134**

Mailing Address
**26451 ROOKERY LAKE DR.
BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address
2338 Immokalee Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
PMB 148

City & State

City & State
NAPLES FL

4. FEI Number

04-6970317

Applied For

Not Applicable

Zip

Country

Zip
34110

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PARKER, MR JERROD
26451 ROOKERY LAKE DR.
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	MGRM DAVID A. ARLEDGE
STREET ADDRESS		STREET ADDRESS	15501 MONTEROSSO #101
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES FL 34110
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	MGRM KENNETH FROHLICK
STREET ADDRESS		STREET ADDRESS	491 Pinehurst Court
CITY-ST-ZIP		CITY-ST-ZIP	NORTH HILLS NY 11576
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	MGRM HERB WAICHTMAN
STREET ADDRESS		STREET ADDRESS	163 West 95th St.
CITY-ST-ZIP		CITY-ST-ZIP	N.Y. NY 10025
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	MGRM JERRY PARKER LAKE
STREET ADDRESS		STREET ADDRESS	26451 ROOKERY LAKE DR.
CITY-ST-ZIP		CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **4/30/03**
Daytime Phone #: **239-566-7720**

CR2E083 (10/02)