


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000034974
 1. Entity Name
 TAMIAMI SQUARE OF NAPLES, LLC



Principal Place of Business Mailing Address
 2375 TAMIAMI TRAIL NORTH STE. 208C 2375 TAMIAMI TRAIL NORTH STE. 208C
 NAPLES, FL 34103 C/O CRIFASI ENTERPRISES, INC.
 NAPLES, FL 34103



01272006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 51-0444865 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CRIFASI ENTERPRISES, INC.
 2375 TAMIAMI TRAIL NORTH STE. 208C
 NAPLES, FL 34103

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
 Due by May 1, 2006

100000505577
 (14/26/06-80) 19-027 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRIFASI ENTERPRISES, INC. 2375 TAMIAMI TRIAL NORTH, SUITE 208C NAPLES, FL 34103
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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: *[Handwritten Signature]* Date: 3/16/06 Daytime Phone #: 239-594-7

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