


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90462 032 ****50.00

DOCUMENT # L04000092220

1. Entity Name
NAPLES TENNIS CLUB LLC



Principal Place of Business 4995 AIRPORT ROAD NAPLES, FL 34105	Mailing Address 4995 AIRPORT ROAD NAPLES, FL 34105
--	--

40037505



DO NOT WRITE IN THIS SPACE

03052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2039978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUCHARD, CRAIG T MGR
4995 AIRPORT RD
NAPLES, FL 34105

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOUCHARD, CRAIG T 2500 EUCLID AVENUE CHICAGO, IL 60411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOUCHARD, JAMES P 2500 EUCLID AVENUE CHICAGO, IL 60411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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:  DATE Daytime Phone #