

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90105 022 ***138.75

DOCUMENT # L05000060035



1. Entity Name
SPLENDOR-NAPLES, LLC

Principal Place of Business
**9001 DANIELS PARKWAY
 SUITE 200
 FORT MYERS, FL 33912 US**

Mailing Address
**9001 DANIELS PARKWAY
 SUITE 200
 FORT MYERS, FL 33912 US**

50003105



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3011434

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA
 201 N. FRANKLIN STREET
 SUITE 2100
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **STEPHEN J. MITCHELL**
 Street Address (P.O. Box Number is Not Acceptable)
201 N. FRANKLIN STREET, SUITE 2100
 City **TAMPA** FL Zip Code **33602**

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 **Stephen J. Mitchell** **4/2/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME REISMAN, JOHN
 STREET ADDRESS 9001 DANIELS PKWY SUITE 200
 CITY-ST-ZIP FORT MYERS, FL 33912

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4-8-08 239-481-5040
 Date Daytime Phone # **X202**