2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90045 050 ***138.75

DOCUMENT # L05000115122

1. Entity Name
852 FIFTH AVENUE SOUTH, LLC

60001325

01082008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
740 WEST STREET ~~STE 103~~ NAPLES, FL 34108 US	380 10TH ST S STE 103 NAPLES, FL 34102 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
740 WEST STREET	380 10th STREET South
Suite, Apt. #, etc.	Suite, Apt. #, etc. suite # 103
City & State NAPLES, FLORIDA	City & State NAPLES, FLORIDA
Zip 34108 Country USA	Zip 34102 Country USA

4. FEI Number
20-4055374
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORRADI, MICHAEL K 740 WEST STREET NAPLES, FL 34108	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: MISTAKE ABOVE ↑ Michael K. Conrad 01/08/2008
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CORRADI, MICHAEL K 740 WEST STREET NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Michael K. Conrad 01/08/2008 239.285.5008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #