

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90265 036 ***143.75

DOCUMENT # L06000025389

1. Entity Name
TAMIAMI SQUARE OF NAPLES BUILDING 300, LLC



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CRIFASI, JACK J JR.
C/O CRIFASI ENTERPRISES, INC.
2375 TAMIAMI TRAIL NORTH, SUITE 208C
NAPLES, FL 34103

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-4454669 Not Applicable

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

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 _____ (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
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9. MANAGING MEMBERS / MANAGERS

TITLE MGR <input checked="" type="checkbox"/> Delete	NAME CRIFASI ENTERPRISE, INC.
STREET ADDRESS 2875 TAMIAMI TR NORTH SUITE 208C	
CITY-ST-ZIP NAPLES, FL 34108 2375	
TITLE MGR <input type="checkbox"/> Delete	NAME C/O Crifasi Enterprises, Inc.
STREET ADDRESS 2375 Tamiami Trail North Suite	
CITY-ST-ZIP Naples FL 34103 208C	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
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TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Tommy...* Date: **2/26/08** Daytime Phone #

00010103

