
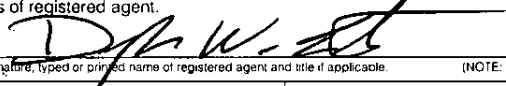



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90179 038 \*\*\*\*\*50.00

DOCUMENT # L06000059145					
1. Entity Name HBK NAPLES REALTY LLC					
Principal Place of Business 7680 MARKET ST YOUNGSTOWN, OH 44512			Mailing Address 7680 MARKET ST YOUNGSTOWN, OH 44512		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02122007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-4921930	
				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			7. Name and Address of New Registered Agent		
HOLES, BARRY F 3777 TAMIAMI TRAIL NORTH #200 NAPLES, FL 34103			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			3838 Tamiami Trail North, Suite 200		
			City		Zip Code
			FL		
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: 				DATE: 2-12-07	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MGRM	
STREET ADDRESS			STREET ADDRESS	KOCON, Phil	
CITY-ST-ZIP			CITY-ST-ZIP	7680 Market Street Boardman, OH 44512	
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Vannuzzi, Jeffrey	
STREET ADDRESS			STREET ADDRESS	7680 Market Street	
CITY-ST-ZIP			CITY-ST-ZIP	Boardman, OH 44512	
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Holes, Barry	
STREET ADDRESS			STREET ADDRESS	7680 Market Street	
CITY-ST-ZIP			CITY-ST-ZIP	Boardman, OH 44512	
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Walston, Bruce	
STREET ADDRESS			STREET ADDRESS	7680 Market Street	
CITY-ST-ZIP			CITY-ST-ZIP	Boardman, OH 44512	
TITLE		<input type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Allegretti, Christopher	
STREET ADDRESS			STREET ADDRESS	7680 Market Street	
CITY-ST-ZIP			CITY-ST-ZIP	Boardman, OH 44512	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 				DATE: 2-12-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: 330-758-8613	