

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 01, 2009
Secretary of State**

DOCUMENT# L08000059343

Entity Name: PF NAPLES LLC*****

Current Principal Place of Business:

197 PORTLAND STREET, 6TH FLOOR
BOSTON, MA 021141716

New Principal Place of Business:

197 PORTLAND STREET, 6TH FLOOR
BOSTON, MA 02114

Current Mailing Address:

197 PORTLAND STREET, 6TH FLOOR
BOSTON, MA 021141716

New Mailing Address:

197 PORTLAND STREET, 6TH FLOOR
BOSTON, MA 02114

FEI Number: 80-0208571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIZZUTI, DONATO F
5921 AMBERWOOD DRIVE
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIZZUTI, LINDA
Address: 197 PORTLAND STREET, 6TH FLOOR
City-St-Zip: BOSTON, MA 021141716

Title: MGRM () Delete
Name: PIZZUTI, LINDA
Address: 197 PORTLAND STREET, 6TH FLOOR
City-St-Zip: BOSTON, MA 021141716

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA PIZZUTI

MS.

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date