


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000004792 1. Entity Name NAPLES BAY RESORT HOLDINGS, LLC	
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Principal Place of Business 365 FIFTH AVENUE SOUTH, STE. 201 NAPLES, FL 34102	Mailing Address 365 FIFTH AVENUE SOUTH, STE. 201 NAPLES, FL 34102
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03092006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0218740	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, RICHARD C  
 5551 RIDGEWOOD DR.  
 NAPLES, FL 34108

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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 \_\_\_\_\_  
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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NBR MANAGER, LLC 365 FIFTH AVENUE SOUTH, STE. 201 NAPLES, FL 34102
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 04/28/06-80031-008 55.00

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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: Thomas A. MacIvor, V.P. 4/14/06 (279)434-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #