

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 06, 2006 8:00 am
Secretary of State

05-01-2006 90035 024 ****50.00

DOCUMENT # L05000115122 1. Entity Name 852 FIFTH AVENUE SOUTH, LLC					
Principal Place of Business 740 WEST STREET NAPLES FL 34108 US			Mailing Address 740 WEST STREET NAPLES FL 34108 US		
2. Principal Place of Business Suite, Apt. #, etc. Suite 1D3 City & State Zip 34102 Country		3. Mailing Address 380 10th St South Suite, Apt. #, etc. Suite 103 City & State Naples, FL Zip 34102 Country			
4. FEI Number 20-4055374				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)	
6. Name and Address of Current Registered Agent CORRADI, MICHAEL K 740 WEST STREET NAPLES FL 34108			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 _____ (DATE) _____ Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORRADI, MICHAEL K 740 WEST STREET NAPLES FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Michael K Corrad</i>			Date: 3/28/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					