


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90149 016 ****50.00

DOCUMENT # L03000041904	
1. Entity Name NAPLES ONE LLC	

Principal Place of Business 291 BAL BAY DRIVE #306 BAL HARBOUR, FL 33154	Mailing Address 291 BAL BAY DRIVE #306 BAL HARBOUR, FL 33154
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2. Principal Place of Business - No P.O. Box # 7509 Buccanner Avenue	3. Mailing Address 7509 Buccaneer Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State North Bay Village, FL	City & State North Bay Village, FL
Zip 33141	Country USA
Zip 33141	Country USA

60019843



01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 81-0635792		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent TRESCOTT DRUCKER VASALLO PL 2605 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		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 _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MSN LP 291 BALY BAY DRIVE #306 BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MSN LP 7509 Buccanner Avenue North Bay Village, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.

SIGNATURE: Sylvia Hefner **2/22/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #