

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90029 048 ***150.00

DOCUMENT # F05000004021 1. Entity Name FTC NAPLES MANAGER, INC.			
Principal Place of Business 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110		Mailing Address 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110	
2. Principal Place of Business - No P.O. Box # 999 Vanderbilt Beach Rd.		3. Mailing Address 999 Vanderbilt Beach Rd.	
Suite, Apt. #, etc. Suite 610		Suite, Apt. #, etc. Suite 610	
City & State Naples, FL		City & State Naples, FL	
Zip 34108		Zip 34108	
Country USA		Country USA	
4. FEI Number 20-3136364		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAWFORD, RICHARD S 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34100		7. Name and Address of New Registered Agent Name Crawford, Richard S. Street Address (P.O. Box Number, Not Acceptable) 999 Vanderbilt Beach Road Suite 610 City Naples FL 34108	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRAWFORD, RICHARD S 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 Vanderbilt Beach Rd., Suite 610 Naples, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ERB, JOHN 604 EAST VALLEY CHASE BLOOMFIELD HILLS, MI 48304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JAFJE, IRA J 2777 FRANKLIN ROAD, SUITE 2500 SOUTHFIELD, MI 480348214 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CRAFT, CARL D 800 NORTH OLD WOODWARD AVE. SUITE 201 BIRMINGHAM, MI 48009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.			
SIGNATURE:		3/19/08 239-593-6160	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	