2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# F98000003684

Entity Name: HMC NAPLES GOLF, INC.

Current Principal Place of Business:

6903 ROCKLEDGE DRIVE
SUITE 1500
BETHESDA, MD 208171818 US

New Principal Place of Business:

6903 ROCKLEDGE DRIVE
SUITE 1500
BETHESDA, MD 20817 US

Current Mailing Address:

6903 ROCKLEDGE DRIVE
SUITE 1500
BETHESDA, MD 208171818 US

New Mailing Address:

6903 ROCKLEDGE DRIVE
SUITE 1500
BETHESDA, MD 20817 US

FEI Number: 52-2126154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALTER, W. EDWARD
Address: 6903 ROCKLEDGE DR, SUITE 1500
City-St-Zip: BETHESDA, MD 208171818 US

Title: T ( ) Delete
Name: LARSON, GREGORY J
Address: 6903 ROCKLEDGE DR, SUITE 1500
City-St-Zip: BETHESDA, MD 208171818 US

Title: S ( ) Delete
Name: KELSO, WILLIAM K
Address: 6903 ROCKLEDGE DR, SUITE 1500
City-St-Zip: BETHESDA, MD 208171818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WALTER, W. EDWARD
Address: 6903 ROCKLEDGE DR, SUITE 1500
City-St-Zip: BETHESDA, MD 20817 US

Title: T (X) Change ( ) Addition
Name: LARSON, GREGORY J
Address: 6903 ROCKLEDGE DR, SUITE 1500
City-St-Zip: BETHESDA, MD 20817 US

Title: S (X) Change ( ) Addition
Name: KELSO, WILLIAM K
Address: 6903 ROCKLEDGE DR, SUITE 1500
City-St-Zip: BETHESDA, MD 20817

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. EDWARD WALTER P 03/06/2006

Electronic Signature of Signing Officer or Director — Date