

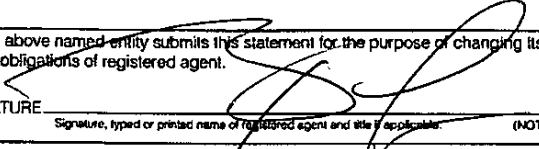
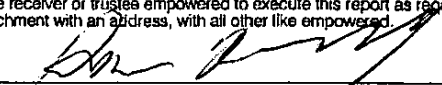


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90063 049 ***150.00

DOCUMENT # K60515 1. Entity Name NORTH NAPLES REALTY COMPANY					
Principal Place of Business 38500 WOODWARD AVE. SUITE 310 BLOOMFIELD HILLS, MI 48304 US			Mailing Address 38500 WOODWARD AVE. SUITE 310 BLOOMFIELD HILLS, MI 48304 US		
2. Principal Place of Business 21 E. Long Lake Rd. Suite, Apt. #, etc. STE. 100		3. Mailing Address 21 E. Long Lake Rd. Suite, Apt. #, etc. STE. 100			
City & State Bloomfield Hills, MI		City & State Bloomfield Hills, MI		4. FEI Number 65-0191352	
Zip 48304		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARONOFF, JANET 800 SRAGATE DRIVE SUITE 302 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301	
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  Brian Courtney Asst. V. Pres. DATE 8/17/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PST. ARONOFF, DANIEL J 38500 WOODWARD AVE. SUITE 310 BLOOMFIELD HILLS, MI 48304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Aronoff, Daniel J 21 E. Long Lake Rd. STE. 100 Bloomfield Hills, MI 48304
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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 an address, with all other like empowered.					
SIGNATURE: 			2/20/06 248-642-0190		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DANIEL ARONOFF					