


05-05-2003 91434 036 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000000187

1. Entity Name
**COUNTRY CLUB CONDOMINIUMS OF NAPLES,
 L.L.C.**



Principal Place of Business 1535 S.W. ARCHER ROAD GAINESVILLE, FL 32608	Mailing Address P.O. BOX 1047 GAINESVILLE, FL 32602
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2. Principal Place of Business 1044 CASTELLO DR.	3. Mailing Address 1044 CASTELLO DR.
Suite, Apt. #, etc. # 206	Suite, Apt. #, etc. # 206



CHECK HERE IF MAKING CHANGES

City & State NAPLES, FL.	City & State NAPLES FL.	4. FEI Number 59-3620807	Applied For <input type="checkbox"/> Not Applicable
Zip 34103	Country USA	Zip 34103	Country USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, RICHARD T
 SAVAGE KROM SIMONS & JONES
 408 WEST UNIVERSITY AVENUE
 GAINESVILLE, FL 32601**

7. Name and Address of New Registered Agent

Name
STEPHEN E. WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)
SOUTHWEST PROPERTY MANAGEMENT CORP.

1044 CASTELLO DR. #206

City
NAPLES FL Zip Code
34103

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 **4/16/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due-By May 1, 2003


9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LIUZZO, ANTHONY	
STREET ADDRESS	1535 S.W. ARCHER ROAD	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ANTHONY LIUZZO** DATE **4/16/03** DAYTIME PHONE # **352-377-2341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)