
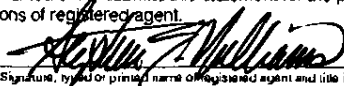



FILED
May 05, 2003 8:00 am
Secretary of State

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	
2. Principal Place of Business 1044 CASTELLO DR.		3. Mailing Address 1044 CASTELLO DR.	
Suite, Apt. #, etc. #206		Suite, Apt. #, etc. #206	
City & State NAPLES, FL.		City & State NAPLES FL.	
Zip 34103		Zip 34103	
Country USA		Country USA	
4. FEI Number 59-3620807		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 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 <small>(NOTE: Registered Agent's signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIUZZO, ANTHONY 1535 S.W. ARCHER ROAD GAINESVILLE, FL 32608 <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
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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
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: 		DATE: 4/16/03 DAYTIME PHONE #: 352-377-2341	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

CR2E083 (10/02)