

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90326 034 ***143.75

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02122008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L00000008645 1. Entity Name ANTARAMIAN CAPITAL PARTNERS, LLC					
Principal Place of Business 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105			Mailing Address 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3663327 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CHEFFY, LOUIS W 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 801 Fifth Ave S, Suite 201 City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NAPLES BAY RESORT HOLDINGS, LLC 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. 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 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 608, Florida Statutes.					
SIGNATURE: <u>Thomas A. Nelson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>3/31/08</u> Daytime Phone # <u>(239) 434-0600</u>		