

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90145 042 \*\*\*\*50.00

<b>DOCUMENT # L00000014634</b>					
<b>1. Entity Name</b> PJ OF NAPLES, LLC					
<b>Principal Place of Business</b> 4001 TAMIAM TRAIL NORTH, SUITE 250 NAPLES, FL 34103			<b>Mailing Address</b> 4001 TAMIAM TRAIL NORTH, SUITE 250 NAPLES, FL 34103		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> PO Box 543		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Naples, FL		
Zip		Country		Zip 34106	
Country		Country Collier		<b>4. FEI Number</b> NOT APPLICABLE	
<b>6. Name and Address of Current Registered Agent</b> SEXTON, DAVID N 4001 TAMIAM TRAIL NORTH, SUITE 205 NAPLES, FL 34103				<b>7. Name and Address of New Registered Agent</b> Name: Willis B Skillman Street Address (P.O. Box Number is Not Acceptable): 518 21st Avenue South City: Naples FL Zip Code: 34102	
<b>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.</b> SIGNATURE: <u>Willis B Skillman</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKILLMAN, WILLIS B 4001 TAMIAM TRAIL N., STE 404 NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 543 Naples, FL 34106
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Willis B Skillman</u> <u>7/10/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					