

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015225

Entity Name: NAPLES PLACE 5, LLC

FILED  
Mar 08, 2006  
Secretary of State

## Current Principal Place of Business:

12795 HUNTERS RIDGE DR  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

6435 HIGHCROFT DRIVE  
NAPLES, FL 34119

## Current Mailing Address:

12795 HUNTERS RIDGE DR  
BONITA SPRINGS, FL 34135

## New Mailing Address:

6435 HIGHCROFT DRIVE  
NAPLES, FL 34119

FEI Number: 59-3688199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLZKAMPER, HENRY  
12795 HUNTERS RIDGE DRIVE  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

HOLZKAMPER, HENRY  
6435 HIGHCROFT DRIVE  
NAPLES, FL 34119 US

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.

SIGNATURE: HH

03/08/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KORNYLAK, WILLIAM  
Address: 12795 HUNTERS RIDGE LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM ( ) Delete  
Name: HEPNER, BRUCE  
Address: 12795 HUNTERS RIDGE LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM ( ) Delete  
Name: KORNYLAK, WILLIAM  
Address: 12795 HUNTERS RIDGE LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM ( ) Delete  
Name: KORNYLAK, DENISE  
Address: 12795 HUNTERS RIDGE LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KORNYLAK, WILLIAM  
Address: 6435 HIGHCROFT DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: MGRM (X) Change ( ) Addition  
Name: HEPNER, BRUCE  
Address: 6435 HIGHCROFT DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: MGRM (X) Change ( ) Addition  
Name: KORNYLAK, WILLIAM  
Address: 6435 HIGHCROFT DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: MGRM (X) Change ( ) Addition  
Name: KORNYLAK, DENISE  
Address: 6435 HIGHCROFT DRIVE  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HH

D

03/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date