

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000015225**

1. Entity Name  
NAPLES PLACE 5, LLC



Principal Place of Business  
6435 HIGHCROFT DRIVE  
NAPLES, FL 34119

Mailing Address  
6435 HIGHCROFT DRIVE  
NAPLES, FL 34119



01172007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3688199

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

HOLZKAMPER, HENRY  
6435 HIGHCROFT DRIVE  
NAPLES, FL 34119

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KORNYLAK, WILLIAM  
6435 HIGHCROFT DRIVE  
NAPLES, FL 34119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HEPNER, BRUCE  
6435 HIGHCROFT DRIVE  
NAPLES, FL 34119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KORNYLAK, WILLIAM  
6435 HIGHCROFT DRIVE  
NAPLES, FL 34119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KORNYLAK, DENISE  
6435 HIGHCROFT DRIVE  
NAPLES, FL 34119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Henry HolzKamper*

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

*1-19-07*

Date

*239-455-5155*

Daytime Phone #