2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90272 043 ****50.00

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DOCUMENT # L01000004073

1. Entity Name
NAPLES HOUSING COMPANY, L.L.C.

Principal Place of Business	Mailing Address
12734 KENWOOD LANE, SUITE 32 MYERS FL 33907	12734 KENWOOD LANE, SUITE 32 MYERS FL 33907

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
NAPLES HOUSING COMPANY, LLC	NAPLES HOUSING COMPANY, LLC
Suite, Apt. #, etc.: 5574-2 MALT DRIVE	Suite, Apt. #, etc.: 5574-2 MALT DRIVE
City & State: FORT MYERS, FL	City & State: FORT MYERS, FL
Zip: 33907 Country:	Zip: 33907 Country:

4. FEI Number 65-1086234 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VLASAK SNELL, MARY
1833 HENDRY STREET
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGR BAUMAN, ANDREW M 12734 KENWOOD LANE, SUITE 32 FORT MYERS FL 33907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUMAN, ANDREW M 5574-2 MALT DRIVE FORT MYERS, FL 33907	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRODEUR, RICHARD E 721 U.S. HIGHWAY ONE, SUITE 222 NORTH PALM BEACH FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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 608, Florida Statutes.

SIGNATURE: ANDREW M. BAUMAN (239) 278-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #