

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004225

1. Entity Name

NAPITA HOLDINGS, LLC



**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90045 020 \*\*\*\*50.00

Principal Place of Business Mailing Address  
9240 BONITA BEACH RD., STE. 1117 9240 BONITA BEACH RD., STE. 1117  
BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIMOTHY J. COTTER, P.A.  
999 9TH ST N  
SUITE 103  
NAPLES FL 34102

Name Timothy J. Cotter, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
599 9th St North  
City Naples FL Zip Code 34102

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME SWANSBURG, JOHN  
STREET ADDRESS 9240 BONITA BEACH RD., STE. 1117  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME GEIDNER, BRIAN  
STREET ADDRESS 9240 BONITA BEACH RD., STE. 1117  
CITY-ST-ZIP BONITA SPRINGS FL 34135

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CITY-ST-ZIP

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:

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

Date

Daytime Phone #

7/9/03

CR2E083 (4/03)