

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90327 014 \*\*\*\*55.00

<b>DOCUMENT # L01000005132</b> 1. Entity Name <b>LAKEVIEW DRIVE OF NAPLES, LLC</b>					
Principal Place of Business <b>365 FIFTH AVE. SOUTH, STE. 201</b> <b>NAPLES, FL 34105</b>			Mailing Address <b>365 FIFTH AVE. SOUTH, STE. 201</b> <b>NAPLES, FL 34105</b>		
2. Principal Place of Business - No P.O. Box # <b>3530 KRAFT ROAD</b> <b>SUITE 300</b> <b>NAPLES, FL 34105</b>		3. Mailing Address <b>3530 KRAFT ROAD</b> <b>SUITE 300</b> <b>NAPLES, FL 34105</b>			
Zip <b>34105</b>		Country <b>USA</b>		4. FEI Number <b>59-3714083</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>CHEFFY, LOUIS W</b> <b>CHEFFY, PASSIDOMO, WILSON &amp; JOHNSON LLP</b> <b>821 FIFTH AVE. SOUTH, STE 201</b> <b>NAPLES, FL 34102</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>ANTARAMHAN, JACK</b> <b>365 FIFTH AVE S #201</b> <b>NAPLES, FL 34102</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ANTARAMHAN, JACK</b> <b>3530 KRAFT ROAD</b> <b>SUITE 300</b> <b>NAPLES, FL 34105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>PEZESHKAN, FRED F</b> <b>2000 S HORSESHOE DR</b> <b>NAPLES, FL 34104</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>3520 KRAFT ROAD</b> <b>NAPLES, FL 34105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>MACIVOR, THOMAS A</b> <b>3530 KRAFT ROAD</b> <b>SUITE 300</b> <b>NAPLES, FL 34105</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>3530 KRAFT ROAD</b> <b>SUITE 300</b> <b>NAPLES, FL 34105</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>MACIVOR, THOMAS A</b> <b>3530 KRAFT ROAD</b> <b>SUITE 300</b> <b>NAPLES, FL 34105</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>3530 KRAFT ROAD</b> <b>SUITE 300</b> <b>NAPLES, FL 34105</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>SIGNATURE:</b> <i>Thomas A. Macivor</i>			<b>4/24/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
(239) 434-0600			Daytime Phone #		