
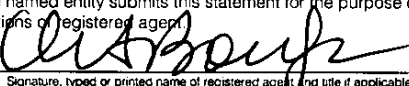
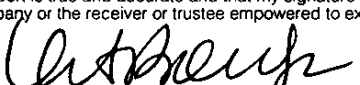


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90123 045 \*\*\*138.75

<b>DOCUMENT # L01000006303</b> 1. Entity Name <b>CB DEVELOPERS OF NAPLES, L.L.C.</b>					
Principal Place of Business <b>3380 RUM ROW NAPLES, FL 34102</b>		Mailing Address <b>3380 RUM ROW NAPLES, FL 34102</b>			
2. Principal Place of Business - No P.O. Box # <b>3370 FT CHARLES DR</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>3370 FT CHARLES DR</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>NAPLES FL</b> <small>Zip</small> <b>34102</b> <small>Country</small> <b>COLLIER</b>		City & State <b>NAPLES, FL</b> <small>Zip</small> <b>34102</b> <small>Country</small> <b>COLLIER</b>		4. FEI Number <b>59-3714983</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. Name and Address of Current Registered Agent  <b>BROWN, ELISE A 3370 FT CHARLES DR NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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  <b>Charles A. Brown Jr</b> <b>2/2/08</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, CHARLES A JR 3370 ST CHARLES DR NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, ELISE A 3370 FT CHARLES DR NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
SIGNATURE:  <b>Charles A. Brown, Jr</b> <b>2/2/08</b> <b>239-434 5323</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

60006330 3370 FT. Charles Dr.  
Naples FL 34102



01142008 Chg-LLC CR2E083 (12/06)