

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

4/4

04-04-2003 90003 004 ****50.00

DOCUMENT # L01000009859



1. Entity Name

ALL NAPLES REALTY, L.L.C.

Principal Place of Business

**5333 SYCAMORE DR.
NAPLES FL 34119**

Mailing Address

**5333 SYCAMORE DR.
NAPLES FL 34119**

44001473



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORRISON, DAVID N
5333 SYCAMORE DR.
NAPLES FL 34119**

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

TITLE **MGRM** ☐ Delete
NAME **BRAUN, CHRISTOPHER A**
STREET ADDRESS **197 SILVERADO DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

SIGNATURE: Christopher A. Braun **3/26/03** **239-261-2244** **ext. 577**

Attachment

44001473
#L01000009859Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

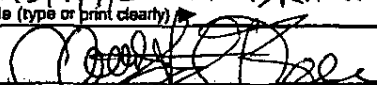
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line.

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested All Naples Realty, LLC		3 Executor, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)		5a Street address (if different) (Do not enter a P.O. box.)	
4a Mailing address (room, apt., suite no. and street, or P.O. box) 5333 Sycamore Drive		5b City, state, and ZIP code	
4b City, state, and ZIP code Naples, FL 34119		6 County and state where principal business is located Collier, Florida	
7a Name of principal officer, general partner, grantor, owner, or trustee Chris Braun		7b SSN, TIN, or EIN 156-48-1677	
8a Type of entity (check only one box)		Estate (SSN of decedent)	
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Plan administrator (SSN)	
<input checked="" type="checkbox"/> Partnership		<input type="checkbox"/> Trust (SSN of grantor)	
<input type="checkbox"/> Corporation (enter form number to be filed) ▶		<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	
<input type="checkbox"/> Personal service corp.		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	
<input type="checkbox"/> Other nonprofit organization (specify) ▶		Group Exemption Number (GEN) ▶	
<input type="checkbox"/> Other (specify) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country	
9 Reason for applying (check only one box)		Banking purpose (specify purpose) ▶	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Real Estate Brokerage		<input type="checkbox"/> Changed type of organization (specify new type) ▶	
<input type="checkbox"/> Hired employees (Check the box and see line 12.)		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Created a trust (specify type) ▶	
<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Created a pension plan (specify type) ▶	
10 Date business started or acquired (month, day, year) January 1, 2003		11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶		N/A	
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶		Agricultural Household Other 0 0 0	
14 Check one box that best describes the principal activity of your business.		Health care & social assistance Wholesale-agent/broker	
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		<input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Other (specify)	
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Real Estate Brokerage			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
Designee's name	Designee's telephone number (include area code)		
Address and ZIP code	Designee's fax number (include area code)		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)	
Name and title (type or print clearly) ▶ CHRISTOPHER A. BRAUN MANAGER		239 572 1249	
Signature ▶ 		Applicant's fax number (include area code)	
Date ▶ 5/6/03		239 354 2407	