



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000011697 1. Entity Name RANIERI INVESTMENTS OF NAPLES, L.L.C.					
Principal Place of Business 2665 44TH ST. S.W. NAPLES FL 34116			Mailing Address 2665 44TH ST. S.W. NAPLES FL 34116		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E083 (10/05)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FCI Number 59-3735571		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BAVIELLO, MICHAEL A JR. 1025 FIFTH AVENUE NORTH NAPLES FL 34102	
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 _____ (NOTE: Registered Agent signature required when reactivating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RANIERI, NORMA 2665 44TH ST S W NAPLES FL 34116 <input type="checkbox"/> Delete		10. ADDITIONS / CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Add 000000491607 04/19/06-80030-003-50.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RANIERI, NORMA 2665 44TH ST S W NAPLES FL 34116 <input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

3/30/06
 DATE