2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 03, 2004 08:00 AM Secretary of State DOCUMENT # L01000012413 LA SCALA-1201, LLC Principal Place of Business Mailing Address 7575 PELICAN BAY BLVD 7575 PELICAN BAY BLVD NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt #, etc. CR2E083 (11/03) City & State City & State Applied For 4. FEI Number 65-0448546 Not Applicable Zιο Country $Z_{i}p$ Country \$5.00 Additional [] 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOVATT, JEFF N ESQ. CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP Street Address (P.O. Box Number is Not Acceptable) 821 FIFTH AVENUE SOUTH, STE. 201 NAPLES FL 34102 City 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, typod or printed name of registered agent and bite if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM BBF ☐ Celete TITLE Change ☐ Addition NAME DABILL, PHILLIP A NAME U000000034274 STREET ADDRESS 7575 PELICAN BAY BLVD, #1503 STREET ADDRESS 02/05/04-80077-006 50.00 CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TERE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zip CITY-ST-73P TITLE Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete T333 F TETLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

hellip a Daleell

FILED

239-

514-8761