

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90065 008 \*\*\*143.75

**DOCUMENT # L01000015104**

1. Entity Name  
**METRO-DANIELS INVESTORS, LLC**



**60040843**

Principal Place of Business  
**3530 KRAFT RD STE 300  
NAPLES, FL 34105**

Mailing Address  
**3530 KRAFT RD STE 300  
NAPLES, FL 34105**



02122008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1146850**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GRANT, RICHARD C  
5551 RIDGEWOOD DRIVE  
SUITE 501  
NAPLES, FL 34108**

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ANTARAMIAN, JACK  
3530 KRAFT RD STE 300  
NAPLES, FL 34105**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PEZESHKAN, FRED F  
3520 KRAFT RD  
NAPLES, FL 34105**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MACIVOR, THOMAS A  
3530 KRAFT RD STE 300  
NAPLES, FL 34105**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Thomas A. Macivor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*3/31/08*

Date

*(239) 434-0600*

Daytime Phone #