

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000017450**

1. Entity Name  
**CITY CLUB GROUP LLC**



Principal Place of Business  
**2700 70TH STREET SW  
NAPLES, FL 34105 US**

Mailing Address  
**2700 70TH STREET SW  
NAPLES, FL 34105 US**



03162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1144989**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

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

**SCHUCH, MATTHEW F  
2700 70TH STREET SW  
NAPLES, FL 34105**

**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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUCH, MATTHEW F 2700 70TH ST. SW NAPLES, FL 341057220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILEY, ROBERT L 9045 SHENENDOAH CIRCLE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUCH, WILLIAM 5100 CEDAR SPRINGS DR. #101 NAPLES, FL 341103356
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSTER, KIM 975 6TH AVE SOUTH #105 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000680203  
04/03/07-80069-007 55.00

**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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**MATTHEW F. SCHUCH** 3/22/07 (239) 459-1522