

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90045 004 \*\*\*143.75

**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**

**60001323**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**65-1144989**

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

7. Name and Address of New Registered Agent

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

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **SCHUCH, MATTHEW F**  
STREET ADDRESS **2700 70TH ST. SW**  
CITY-ST-ZIP **NAPLES, FL 341057220**

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

TITLE **MGRM** ☐ Delete  
NAME **BAILEY, ROBERT L**  
STREET ADDRESS **9045 SHENENDOAH CIRCLE**  
CITY-ST-ZIP **NAPLES, FL 34112**

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

TITLE **MGRM** ☐ Delete  
NAME **SCHUCH, WILLIAM**  
STREET ADDRESS **5400 CEDAR SPRINGS DR #101**  
CITY-ST-ZIP **NAPLES, FL 34103356**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7709 Pebble Creek Circle #202**  
CITY-ST-ZIP **NAPLES FL 34108-6555**

TITLE **MGRM** ☐ Delete  
NAME **KOSTER, KIM**  
STREET ADDRESS **975 6TH AVE SOUTH #105**  
CITY-ST-ZIP **NAPLES, FL 34102**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 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:

*William Schuch* **WILLIAM SCHUCH**

**1/8/08**

**239 459 1502**

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

Date

Daytime Phone #