2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L01000021375

1. Entity Name R & G NAPLES, LLC



FILED Mar 03, 2006 08:00 AM **Secretary of State**

Principal Place of Business

9001 DANIELS PKWY SUITE 200 FT. MYERS, FL 33908

SIGNATURE:

9001 DANIELS PKWY SUITE 200

Mailing Address

FT. MYERS, FL 33908



01262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
75-3013472	Not Applicable
	\$E 00

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN ST., STE. 2100 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of changing of registered agent.	ging its registere	d affice or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_ Signature, Project or control name of registered eigent and title if applicable.		(NOTE: Registered Agent algorithms required when retraining)		DATE
Fi	iing Fee is \$50.00 ue by May 1, 2006			_
8.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REISMAN, JOHN R 9001 DANIELS PKWY SUITE 200 FORT MYERS, FL 33912	·		UNDCC00454869
NAME NAME STREET ADDRESS CITY-ST-ZIP		·		ня/15/06-80032-022 5 0.00 °
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
THTLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE HAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	1			
11. I hereby Indicated	certify that the information supplied with this filling does not of on this report is true and accurate and that my signature sharily company or the receiver or thestee empowered to exercise	qualify for the ex rall have the san cute this report a	emptions contained in Chapter 1 ne legal effect as if made under our as required by Chapter 608, Florid	19, Florida Statutes. I further certify that the Information bath; that I am a managing member or manager of the da Statutes.

DAVID KUIZNEL

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