2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000021375

1. Entity Name R & G NAPLES, LLC



FILED Apr 23, 2007 08:00 Al Secretary of State

Principal Place of Business

9001 DANIELS PKWY

SUITE 200

FT. MYERS, FL 33908

Mailing Address

9001 DANIELS PKWY SUITE 200

FT. MYERS, FL 33908



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	L	Applied For
75-3013472		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional	

6. 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

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		
Filling Fee is \$50.00 Due by May 1, 2007						
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGR					
NAME	REISMAN, JOHN R					
STREET ADDRESS	9001 DANIELS PKWY SUITE 200					
CITY-\$T-ZIP	FORT MYERS, FL 33912	- .				
TITLE						
NAME CTOSET ADDRESS						
STREET ADDRESS CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS			56 116-1			
CITY-ST-ZIP			DO NOT V	WRITE		
TITLE			IN TUIC C	DAGE		
NAME			IN THIS S	PACE		
STREET ADDRESS						
CITY-ST-ZIP		·				
TALE						
NAME						
STREET ADDRESS			Uõ	0000724362		
CITY-ST-ZIP			05/82	//07-80109-003 50.00		
TITLE			Such State 1 - State State			
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:

DAUE KULZIVER SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4|16|07