# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 13, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L01000021473

1. Entity Name
ANTARAMIAN/PETTIT SQUARE PARTNERS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 365 FIFTH AVE. SOUTH, STE. 201<br>NAPLES, FL 34102 | 365 FIFTH AVE. SOUTH, STE. 201<br>NAPLES, FL 34102 |

**DO NOT WRITE IN THIS SPACE**

03092006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3760372

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ANTARAMIAN, JACK J
365 FIFTH AVE. SOUTH, STE. 201
NAPLES, FL 34102

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | ANTARAMIAN, JACK J |
| STREET ADDRESS | 365 FIFTH AVE. SOUTH, STE. 201 |
| CITY-ST-ZIP | NAPLES, FL 34102 |
| TITLE | MGR |
| NAME | PEZESHKAN, F FRED |
| STREET ADDRESS | 2606 S HORSESHOE DR |
| CITY-ST-ZIP | NAPLES, FL 34104 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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04/27/06-80046-006 55.00

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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 Thomas A. MacIvor, V.P. 4/10/06 (239)434-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #