

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90327 009 \*\*\*\*55.00

DOCUMENT # L01000021473



1. Entity Name  
ANTARAMIAN/PETTIT SQUARE PARTNERS, LLC

Principal Place of Business  
365 FIFTH AVE. SOUTH, STE. 201  
NAPLES, FL 34102

Mailing Address  
365 FIFTH AVE. SOUTH, STE. 201  
NAPLES, FL 34102

60047118



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

3. Mailing Address

3530 KRAFT ROAD  
SUITE 300  
NAPLES, FL 34105

3530 KRAFT ROAD  
SUITE 300  
NAPLES, FL 34105

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
59-3760372

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

ANTARAMIAN, JACK J  
3530 KRAFT ROAD  
SUITE 300  
NAPLES, FL 34105

7. Name and Address of New Registered Agent

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 reinstating)

DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME ANTARAMIAN, JACK J ☐ Delete  
STREET ADDRESS 365 FIFTH AVE. SOUTH, STE. 201  
CITY-ST-ZIP NAPLES, FL 34102

TITLE MGR  
NAME PEZESHKAN, F FRED ☐ Delete  
STREET ADDRESS 2606 S HORSESHOE DR  
CITY-ST-ZIP NAPLES, FL 34104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME 3530 KRAFT ROAD ☒ Change ☐ Addition  
STREET ADDRESS SUITE 300  
CITY-ST-ZIP NAPLES, FL 34105

TITLE  
NAME 3520 KRAFT ROAD ☒ Change ☐ Addition  
STREET ADDRESS NAPLES, FL 34105

TITLE VP ☐ Change ☒ Addition  
NAME MACIVOR, THOMAS P  
STREET ADDRESS 3530 KRAFT ROAD  
CITY-ST-ZIP SUITE 300  
NAPLES, FL 34105

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

TITLE ☐ Change ☐ Addition  
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:

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

4-24-07

Date

239-434-0600

Daytime Phone #