

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000425

Entity Name: REUBEN'S PLACE 1 LLC

FILED  
Jan 11, 2007  
Secretary of State

**Current Principal Place of Business:**

8939 TAMIAMI TRAIL NORTH  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

8939 TAMIAMI TRAIL NORTH  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 02-0533455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHECHTER, JOEL  
3001 TAMIAMI TRAIL NORTH, 4TH FLOOR  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

SLOVA, AGRON G  
10886 LONGSHORE WAY W  
NAPLES, FL 34119 US

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.

SIGNATURE: AGRON G. SLOVA

01/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WAYNE SMITH LIVING T, RUST  
Address: 1385 WOOD DUCK TRL  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGMR (X) Change ( ) Addition  
Name: SLOVA, AGRON G  
Address: 10886 LONGSHORE WAY W  
City-St-Zip: NAPLES, FL 34119

Title: MGMR ( ) Change (X) Addition  
Name: DEDJA, IMER  
Address: 1082 ALBANY COURT  
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AGRON G. SLOVA

MGMR

01/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date