

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007787

FILED  
Mar 02, 2006  
Secretary of State

Entity Name: NAPLES REALTY GROUP, L.L.C.

## Current Principal Place of Business:

870 111TH AVE N  
SUITE 1  
NAPLES, FL 34108

## New Principal Place of Business:

## Current Mailing Address:

870 111TH AVE N  
SUITE 1  
NAPLES, FL 34108

## New Mailing Address:

FEI Number: 01-0675589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCHIFFMAN, ALAN T  
870 111TH AVE N  
STE 1  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SCHIFFMAN, ALAN T  
Address: 1166 DIMOCK LANE  
City-St-Zip: NAPLES, FL 34110

Title: MGRM ( ) Delete  
Name: CROSS, PETER  
Address: WALTON ROAD  
City-St-Zip: BLUE BELL, PA 19422

Title: MGRM ( ) Delete  
Name: GULICK, PETER  
Address: 106 ELDEN STREET, SUITE 17  
City-St-Zip: HERNON, VA 20170

Title: MGRM ( ) Delete  
Name: PASHLEY, MICHAEL  
Address: 13112 NEWPORT BOULEVARD, SUITE K  
City-St-Zip: TUSTIN, CA 927803440

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALAN SCHIFFMAN

MGRM

03/02/2006

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