2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 28, 2006 8:00 am
Secretary of State
05-15-2006 90243 001 ***110.00

DOCUMENT # L02000025129

1. Entity Name

NAPLES GOLF CLUB SOUTH, L.L.C.

Principal Place of Business	Mailing Address
7100 W. CAMINO REAL SUITE 402 BOCA RATON FL 33433	7100 W. CAMINO REAL SUITE 402 BOCA RATON FL 33433

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
6600 W. ROGERS CIRCLE	6600 W. ROGERS CIRCLE
Suite, Apt. #, etc.: SUITE #14	Suite, Apt. #, etc.: SUITE #14
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33487 Country	Zip: 33487 Country

4. FEI Number 82-0566757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARD E ZEDECK, P.A.
LEONARD E ZEDECK
13970 W 4TH ST STE 113
SUNRISE FL 33325

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BLOOM, ASHLEY B 7100 W. CAMINO REAL, SUITE 402 BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BLOOM, ASHLEY B 6600 W. ROGERS CIRCLE SUITE #14 BOCA RATON FL - 33487	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ZEDECK, LEONARD E 13790 NW 4TH ST STE 113 SUNRISE FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ______________________ 04/24/06 (561) 417-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: ASHLEY BLOOM, MANAGER — Date — Daytime Phone #

30008329 4520

NAPLES GOLF CLUB SOUTH, LLC
18100 ROYAL TREE PARKWAY
NAPLES, FL 34114

TRANSCAPITAL BANK
HALLANDALE, FL 33009
63-1473-670

5/5/2006

PAY TO THE ORDER OF Florida Department of State

$ **110.00

One Hundred Ten and 00/100********** DOLLARS

Florida Department of State
Division of Corporations
Annual Report Section
PO Box 6850
Tallahassee, FL 32314

MEMO

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Details on back. Security Features Included.

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ATTACHMENT
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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009068796

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