

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


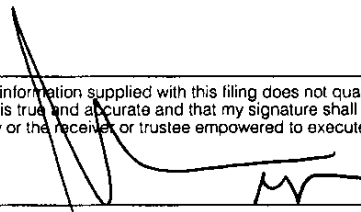
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Secretary of State

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04102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000025129			
1. Entity Name NAPLES GOLF CLUB SOUTH, L.L.C.			
Principal Place of Business 6600 WEST ROFERS CIR SUITE 14 BOCA RATON, FL 33497		Mailing Address 6600 WEST ROFERS CIR SUITE 14 BOCA RATON, FL 33497	
2. Principal Place of Business - No P.O. Box # 1801 Clint Moose Rd Suite, Apt. #, etc. #217 City & State Boca Raton, FL Zip 33487		3. Mailing Address 1801 Clint Moose Rd Suite, Apt. #, etc. #217 City & State Boca Raton, FL Zip 33487	
4. FEI Number 82-0566757		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, ASHLEY B 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bloom, ASHLEY B 1801 Clint Moose Rd #217 Boca Raton FL-33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEDECK, LEONARD E 13790 NW 4TH ST STE 113 SUNRISE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 04/11/07 (561) 912-0029	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	