

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025129

FILED
Feb 19, 2008
Secretary of State

Entity Name: NAPLES GOLF CLUB SOUTH, L.L.C.

Current Principal Place of Business:

1801 CLINT MOORE RD SUITE 217
BOCA RATON, FL 33487

New Principal Place of Business:

13790 N.W. 4TH STREET
113
SUNRISE, FL 33325

Current Mailing Address:

1801 CLINT MOORE RD SUITE 217
BOCA RATON, FL 33487

New Mailing Address:

13790 N.W. 4TH STREET
113
SUNRISE, FL 33325

FEI Number: 82-0566757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

02/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLOOM, ASHLEY B
Address: 1801 CLINT MOORE RD SUITE 217
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: ZEDECK, LEONARD E
Address: 13790 NW 4TH ST STE 113
City-St-Zip: SUNRISE, FL 33325

ADDITIONS/CHANGES:

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 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: LEONARD E. ZEDECK

MGR

02/19/2008

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