

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90028 041 \*\*\*\*55.00

**DOCUMENT # L02000025130**

1. Entity Name

NAPLES GOLF DEVELOPMENT, L.L.C.



Principal Place of Business

7100 W CAMINO REAL  
STE 402  
BOCA RATON FL 33433

Mailing Address

7100 W CAMINO REAL  
STE 402  
BOCA RATON FL 33433



2. Principal Place of Business

6600 W. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite #14

City & State

BOCA RATON FL

Zip

33487

Country

3. Mailing Address

6600 W. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite #14

City & State

BOCA RATON FL

Zip

33487

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

48-1278422

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZEDECK, LEONARD E ESQ.  
LEONARD E. ZEDECK, P.A.  
13790 NW 4TH ST  
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

TITLE MGR ☐ Delete  
NAME BLOOM, ASHLEY B  
STREET ADDRESS 7100 W CAMINO REAL STE 402  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE MGR ☐ Delete  
NAME ZEDECK, LEONARD E  
STREET ADDRESS 13790 NW 4TH ST STE 113  
CITY-ST-ZIP SUNRISE FL 33325

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME BLOOM, ASHLEY B  
STREET ADDRESS 6600 W. ROGERS CIRCLE Suite #14  
CITY-ST-ZIP BOCA RATON FL-33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/24/06 (561) 417-7115