## 2008 LIMITED LIABILITY COMPANY

## Apr 24, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-24-2008 90009 039 \*\*\*138.75 DOCUMENT #L02000025987 DENÓVE DEVELOPMENT GROUP, L.L.C. Mailing Address Principal Place of Business 9645 WILSHIRE LAKE BOULEVARD 9645 WILSHIRE LAKE BOULEVARD NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 61-1443903 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONROY, J.THOMAS III Street Address (P.O. Box Number is Not Acceptable) 2640 GOLDEN GATE PARKWAY STE. 115 NAPLES, FL 34105 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME DENOVE, PETER ANTHONY MALLE STREET ADDRESS 9645 WILSHIRE LAKE BOULEVARD STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE DENOVE, LISA ANN NAME NAME 9645 WILSHIRE LAKE BOULEVARD STREET ADDRESS STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition DENOVE, MICHAEL BARRET NAME STREET ADDRESS 26 SWEETWATER LANE STREET ADDRESS RINGWOOD, NJ 07456 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE DENOVE, CAROLE ANN NAME NAME STREET ADDRESS STREET ADDRESS 26 SWEETWATER LANE CITY-S1-7IP RINGWOOD, NJ 07456 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the info and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manag-tee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied indicated on this report is true and accura limited liability company or

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

FILED

Date