

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

|                                                                                      |                                                                                   |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000029449</b><br>1. Entity Name<br>SOUTHERN CENTERS IN NAPLES, L.C. |  |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br>1500 CORDOVA ROAD, SUITE 310<br>FORT LAUDERDALE, FL 33316 | Mailing Address<br>1500 CORDOVA ROAD, SUITE 310<br>FORT LAUDERDALE, FL 33316 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|



**DO NOT WRITE IN THIS SPACE**

02142005No Chg-LLC

CR2E083 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>52-2385798 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|-----------------------------------------------------------|------------------------------------------|

**6. Name and Address of Current Registered Agent**

KELLA, RANDALL  
1500 CORDOVA ROAD, SUITE 310  
FORT LAUDERDALE, FL 33316

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

|                |                              |
|----------------|------------------------------|
| TITLE          | MGRM                         |
| NAME           | KELLA, RANDALL               |
| STREET ADDRESS | 1500 CORDOVA ROAD, SUITE 310 |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33316     |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

UN00000318817  
04/20/05-80073-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 806, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

**RANDALL KELLA**

954-  
4/18/05 523-4008  
Date Daytime Phone #