2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000029449

1. Entity Name SOUTHERN CENTERS IN NAPLES, L.C.



FILED Mar 24, 2006 08:00 AM Secretary of State

Principal Place of Business

1500 CORDOVA ROAD, SUITE 310 FORT LAUDERDALE, FL 33316 Mailing Address
1500 CORDOVA ROAD, SUITE 310
FORT LAUDERDALE, FL 33316



DO NOT WRITE IN THIS SPACE

03012006 No Chp-LLC CR2E083 (11/05)

4. FEI Number 52-2385798 Applied For Not Applicable

5. Certificate of Status Desired

3-20-06

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha	anging its registers	ed office or regi	istered agent, or bo	oth, in the State of Florid	da. I am familier with, and accept
the obligat	ions of registered agem.					
SIGNATURE.					·	<u></u>
Signature, apped or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when renotating)			DATE	
F, D	iling Fee is \$50.00 ite by May 1, 2005	•	! &		•	
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLA, RANDALL 1500 CORDOVA ROAD, SUITE 310 FT. LAUDERDALE, FL 33318					•
TITLE NAME STREET ADDRESS CITY-ST-DP					ન વધાના છાક તે વ ે, દેધણું હોઇ ક	16146 -0001-006-0 0.00
STILE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE HAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-DP						
11. I hereby of indicated limited lia	certily that the information supplied with this filing does not on this report is true and accurate and that my signature solilly company or the receiver or Mustee empowered to ex	qualify for the ex shall have the sam ecute this report a	emptions controls ne legal effect as required by	ained in Chapter t1 as If made under o Chapter 608, Florid	19, Florida Statutes. I heath; that I am a mana	urther certify that the information ging member or manager of the

ER, OR AUTHORIZED REPRESENTATIVE