## **2007 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## **DOCUMENT # L02000029449**

SOUTHERN CENTERS IN NAPLES, L.C.



**FILED** Apr 16, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1500 CORDOVA ROAD, SUITE 310 FORT LAUDERDALE, FL 33316

1500 CORDOVA ROAD, SUITE 310 FORT LAUDERDALE, FL 33316



02152007 No Chg-LLC

CR2E083 (11/05)

Fee Required

	52-2385798	 Not Applicable
	52-2385/98	 \$5.00 Additional
	52-2385798	Not Applicable
4.	FEI Number	Applied For

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hyper or president registered agent and still it approache.  PHILING Fee Is \$50.00 Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS  ITILE NAME SIREET ADDRESS OLIV-S1-ZIP  ITILE NAME SIREET ADDRESS SIRE	KELLA, RANDALL 1500 CORDOVA ROAD, SUITE 310 FORT LAUDERDALE, FL 33316		DO NOT WRITE IN THIS SPACE
Filling Fee Is \$50.00 Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS  IIILE MGRM KELLA, RANDALL SIREE ADDRESS CITY-ST-ZIP  IIILE NAME SIREET ADDRESS CITY-ST-ZIP  IIILE NAME			ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
9. MANAGING MEMBERS/MANAGERS  ITILE MARK ISIRET ADDRESS CITY-ST-ZIP  TILE MANE STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURE.		d Agent signature required when reinstating) DATE
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S7-ZIP TITLE TITLE NAME STREET ADDRESS CITY-S7-ZIP TITLE NAME STREET ADDRESS	Fi D	iling Fee is \$50.00 ue by May 1, 2007	
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TIFLE NAME STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE IN THIS SPACE STREET ADDRESS CITY-S1-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	KELLA, RANDALL 1500 CORDOVA ROAD, SUITE 310	U00000711356 04/26/07-80003-001 50.00
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NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		
TITLE  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 Chapter 119, Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	actifutes the information applied with this filing door act and the filing door act.	rematices appleigad in Chapter 110 Elegida Statutes I further godilis that the information

limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**