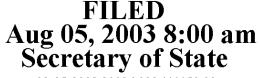
2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) L02000033153 **DOCUMENT#** 1. Entity Name GSP-NAPLES, L.L.C



08-05-2003 90026 028 ****50.00

GOI 117	a cco, c.c.o.								
Principal Place of Business 21775 SOUND WAY UNIT 102 ESTERO FL 33928		Mailing Address 605 SOUTH MAIN STREET SUITE 2 ANN ARBOR MI 48104							
2. Principal Place of Business 3. Mailing Address 115 / 12 EAS			ST LIBER	ry	4 10811011 011 00110 1	E d el Odeli adiel dueli	 	(10)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State ANN ALBOR, MI		4. FE	El Number		X	Applied For Not Applicable	
Zip	Country	zip 4+48104	Country USA	5. C	ertificate of Status I	Desired	\$5.00 Fee Requ	Additional uired	
	6. Name and Address of Current F	legistered Agent		7. N	ame and Address	of New Registe	ered Agent		
GIBBONS, MICHAEL C				Name					
	OUND WAY		Street	Address (P.O. Bo	x Number is Not A	cceptable)			
UNIT 102			<u> </u>						
ESTERO FL 39928			City				⊏I Zip C	ode.	
			City		•	,	FL Zip C	,00e	
SIGNATURE	itions of registered agent. Signature, typed or printed name of registered agent ar \$0.00		E: Registered Agent sign:		nstating)	D	ATE		
	φυ·υυ -	Make Check Payabl	DW!!! FEE IS : le to Florida De September 24	partment of S	State				
9.	MANAGING MEMBER	· · · · · · · · · · · · · · · · · · ·	10.			DITIONS/CHAN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAE 1151/2 EI ANN A	EL GIBBO AST LIBER LBOK, MI	NS 14 48104	☐ Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		** ***	· 5~ _	Chang	ge Addition	
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TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e Addition	

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

MANAGER, OR AUTHORIZED REPRESENTATIVE

734-668-6067