

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 25, 2006  
Secretary of State**

DOCUMENT# L02000033984

Entity Name: NAPLES CRYSTAL BALLROOM DANCE STUDIO, LLC

**Current Principal Place of Business:**

4000-D BAYSHORE DRIVE  
NAPLES, FL 34112 US

**New Principal Place of Business:**

**Current Mailing Address:**

4000-D BAYSHORE DRIVE  
NAPLES, FL 34112 US

**New Mailing Address:**

FEI Number: 48-1294151      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SAUNDERS, LARRY D  
4000-D BAYSHORE DR.  
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SAUNDERS, LARRY D  
Address: 2135 SCRUB OAK CIRCLE #202  
City-St-Zip: NAPLES, FL 34112

Title: MGRM ( ) Delete  
Name: SMEJA, ROBERT B  
Address: 300 5TH AVENUE SOUTH #101-310  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: LARRY D. SAUNDERS

MGRM

07/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date