2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 29, 2009
Secretary of State

DOCUMENT# L03000006029

Entity Name: CRAVEN-SHAFFER-NORTH BAY VILLAGE, L.L.C.

Current Principal Place of Business:

26381 SOUTH TAMIAMI TRAIL
SUITE 300
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

26381 SOUTH TAMIAMI TRAIL
SUITE 300
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 65-1176216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONROY, J. THOMAS III
2640 GOLDEN GATE PKWY., STE. 115
NAPLES, FL 34105 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:	CRAVEN, RICHARD	
Address:	4255 GULFSHORE BLVD., #1002	
City-St-Zip:	NAPLES, FL 34103	
Title:	MGRM	( ) Delete
Name:	SHAFFER, BRYON G	
Address:	315 DUNES BLVD., #906	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	( ) Delete
Name:	NASHMAN, JAMES A	
Address:	26381 SOUTH TAMIAMI TRAIL #300	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	MGRM	(X) Delete
Name:	LAUER, FREIDA	
Address:	26381 SOUTH TAMIAMI TRAIL #300	
City-St-Zip:	BONITA SPRINGS, FL 34134	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JAMES A. NASHMAN MGRM 07/29/2009

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