

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90122 045 \*\*\*\*50.00

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01252007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000024308</b> 1. Entity Name <b>MEDITERRANEAN HOMES OF NAPLES, LLC</b>					
Principal Place of Business <b>400 5TH AVENUE SOUTH</b> <b>205</b> <b>NAPLES, FL 34102 US</b>			Mailing Address <b>400 5TH AVENUE SOUTH</b> <b>205</b> <b>NAPLES, FL 34102 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>90-0185904</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOLIS, ANDREW I ESQUIRE</b> <b>1100 5TH AVENUE SOUTH</b> <b>301</b> <b>NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name <b>Sarah A. Creel</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 5th Avenue South</b> <b>Suite 205</b> City <b>Naples, FL</b> <b>FL</b> <b>34102</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Sarah A. Creel Mgr.</i></u> <span style="float: right;">DATE <u>2-1-07</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CLINTON, J.D.</b> <input type="checkbox"/> Delete <b>400 5TH AVENUE SOUTH, SUITE 205</b> <b>NAPLES, FL 34102</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PARRA, JR., ARMANDO</b> <input type="checkbox"/> Delete <b>400 5TH AVENUE SOUTH, SUITE 205</b> <b>NAPLES, FL 34102</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CREED, SARAH A</b> <input type="checkbox"/> Delete <b>400 5TH AVE S, SUITE 205</b> <b>NAPLES, FL 34102</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Sarah A. Creel</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
SIGNATURE: <u><i>Sarah A. Creel Mgr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>2/1/07 (231) 417-3600</u> <small>Date Daytime Phone #</small>		