2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 31, 2007
Secretary of State

DOCUMENT# L03000024308

Entity Name: MEDITERRANEAN HOMES OF NAPLES, LLC

Current Principal Place of Business:

400 5TH AVENUE SOUTH
205
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

400 5TH AVENUE SOUTH
205
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 90-0185904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CREEL, SARAH A
400 5TH AVE SOUTH
STE 205
NAPLES, FL 34102 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:	CLINTON, J.D.	
Address:	400 5TH AVENUE SOUTH, SUITE 205	
City-St-Zip:	NAPLES, FL 34102 US	
Title:	MGR	(X) Delete
Name:	PARRA, JR., ARMANDO	
Address:	400 5TH AVENUE SOUTH, SUITE 205	
City-St-Zip:	NAPLES, FL 34102 US	
Title:	MGR	( ) Delete
Name:	CREEL, SARAH A	
Address:	400 5TH AVE S. SUITE 205	
City-St-Zip:	NAPLES, FL 34102	

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:	

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: SARAH A. CREEL MGR 08/31/2007

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