2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State
02-28-2007 90149 016 ****50.00

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1. Entity Name
NAPLES ONE LLC

60019843

01262007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
291 BAL BAY DRIVE #306 BAL HARBOUR, FL 33154	291 BAL BAY DRIVE #306 BAL HARBOUR, FL 33154

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7509 Buccanner Avenue	7509 Buccaneer Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Bay Village, FL	City & State: North Bay Village, FL
Zip: 33141 Country: USA	Zip: 33141 Country: USA

4. FEI Number: 81-0635792 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TRESCOTT DRUCKER VASALLO PL
2605 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
MGRM	MSN LP	291 BALY BAY DRIVE #306	BAL HARBOUR, FL 33154	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
MGRM	MSN LP	7509 Buccaneer Avenue	North Bay Village, FL 33141	☒ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ 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: Sylvia Hefer 2/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #