


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90047 044 \*\*\*\*55.00

|   |   |
|---|---|
| <b>DOCUMENT # L03000045995</b>                        |  |
| 1. Entity Name<br>PINE RIDGE INVESTORS OF NAPLES, LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>2606 SOUTH HORSESHOE DR<br>NAPLES, FL 34104 | Mailing Address<br>2606 SOUTH HORSESHOE DR<br>NAPLES, FL 34104 |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

40057981



04122006 Chg-LLC CR2E083 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-0444687 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|  |                                |
|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
|--|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>GRANT, RICHARD C<br>GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA<br>5551 RIDGEWOOD DR, STE 501<br>NAPLES, FL 34108 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

|   |  |
|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2006 | Make check payable to<br>Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PEZISHKAN, F FRED<br>2606 S HORSESHOE DR<br>NAPLES, FL 34104 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President<br>Thomas MacIvor<br>365 Fifth Ave South, ste 201<br>Naples FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Thomas A. MacIvor</i>   | Vice Pres. | 4/19/06 | (239) 434-0600  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |            | Date    | Daytime Phone # |