

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90041 049 ****55.00

DOCUMENT # L03000045995

1. Entity Name
PINE RIDGE INVESTORS OF NAPLES, LLC



Principal Place of Business
2606 SOUTH HORSESHOE DR
NAPLES, FL 34104

Mailing Address
2606 SOUTH HORSESHOE DR
NAPLES, FL 34104

60047106



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3530 KRAFT ROAD
SUITE 300
NAPLES, FL 34105

3530 KRAFT ROAD
SUITE 300
NAPLES, FL 34105

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0444687

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

GRANT, RICHARD C
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA
5551 RIDGEWOOD DR, STE 501
NAPLES, FL 34108

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 MGRM
NAME PEZISHKAN, F FRED
STREET ADDRESS 2606 S HORSESHOE DR
CITY-ST-ZIP NAPLES, FL 34104 ☐ Delete

TITLE VP
NAME MACIVIR, THOMAS
STREET ADDRESS 365 5TH AVE SOUTH SUITE 201
CITY-ST-ZIP NAPLES, FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME 3520 KRAFT ROAD
STREET ADDRESS NAPLES, FL 34105 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE MACIVIR, THOMAS A
NAME
STREET ADDRESS 3530 KRAFT ROAD
CITY-ST-ZIP SUITE 300
NAPLES, FL 34105 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Thomas A. Macivir*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/07 (235) 434-0600

Date

Daytime Phone #