2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2005 08:00 AM Secretary of State

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1. Entity Name

TANGLEWOOD MARKETPLACE OF NAPLES, LLC



Principal Place of Business

Mailing Address

2930 IMMOKALEE ROAD SUITE 4

NAPLES, FL 34110

2930 IMMOKALEE ROAD SUITE 4

SUITE

NAPLES, FL 34110



DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2036100

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, DOUGLAS A 1000 NORTH TAMIAMI TRAIL SUITE 201 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of challions of registered agent.	nging its registered affice or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title II applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			U00000325090 04/23/05-80001-020 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AJS TANGLEWOOD CORP. 2930 IMMOKALEE ROAD, SUITE 4 NAPLES, FL 34110	<u> </u>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 111TE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

STREET ADDRESS CITY - ST - ZIP

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

4/18/07

239-596-5500

Daytima Phone #