FILED
Mar 03, 2008 8:00 am
Secretary of State

01-24-2008 90065 008 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055826

1. Entity Name
1250 TAMIAMI TRAIL NORTH, LLC

Principal Place of Business	Mailing Address
1250 TAMIAMI TRAIL N. #304 NAPLES, FL 34102 US	P.O.BOX 8537 NAPLES, FL 34101 US

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
Suite, Apt. #, etc.
Suite, Apt. #, etc.
City & State
City & State
Zip Country Zip Country

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 86-1095652 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PREVOLOS, DEAN
P.O. BOX 8537
NAPLES, FL 34101

7. Name and Address of New Registered Agent

Name DEAN PREVOLOS
Street Address (P.O. Box Number is Not Acceptable) 1250 TAMIAMI TRAIL NORTH
Suite 304
City NAPLES FL Zip Code 34102

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] Feb 28, 2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	PISANI, DONATO	
STREET ADDRESS	1318 VIA PORTOFINO	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	MGRM	☐ Delete
NAME	PREVOLOS, DEAN	
STREET ADDRESS	P.O. BOX 10873	
CITY-ST-ZIP	NAPLES, FL 34101	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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: [signature] 1/21/08.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #