2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000013947

1. Entity Name

F&H OF NAPLES, LLC



FILED Apr 12, 2007 08:00 A Secretary of State

Principal Place of Business

Malling Address

C/O HARWICK HOMES CONSTRUCTION, INC. 9001 HIGHLAND WOODS BLVD. SUITE 1 BONITA SPRINGS, FL 34135 US C/O HARWICK HOMES CONSTRUCTION, INC. 164 BAYVIEW AVENUE NAPLES, FL 34108



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0755067	 	pplied For
20-0755007	 N	ot Applicable
5. Certificate of Status Desired	\$5.00 Ad Fee Require	

6. Name and Address of Current Registered Agent

COHEN & GRIGSBY, P.C. 27200 RIVERVIEW CENTER BLVD. SUITE 309 BONITA SPRINGS, FL 34134

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	named entity submits this statement for the purpose of char- ions of registered agent.	nging its registered office or registered agent, or both, in the State of	Florida. I am famillar with, and accept	
SIGNATURE_	Signature, typad or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when releasting)	DATE	
F) Di	iing Fee Is \$50.00 ue by May 1, 2007		٤´ ,	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARWICK HOMES CONSTRUCTION, INC. 9001 HIGHLAND WOODS BLVD. SUITE 1 BONITA SPRINGS, FL 34135	U0000 04/20/07	U00000702199 04/20/07-80090-003 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT I	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby	certify that the information supplied with this filling does not	qualify for the exemptions contained in Chapter 119, Florida Statut	es. I further certify that the information	

In I nereby certify that the information supplied with this tiling coes not quality for the exemptions contained in Chapter 119, Florida Statutes. I turner certify that the information indicated on this report is true and accurate and that my signess not quality for the exemptions contained in Chapter 119, Florida Statutes. I turner certify that the information indicated on this report is report in the information indicated on this report is report as required by Chapter 608, Florida Statutes.

SIGNATURE: 5

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

1/5/07 239

239.498-0801

Daytime Phone #