

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038520

FILED  
May 02, 2005  
Secretary of State

**Entity Name:** SH PROPERTIES OF NAPLES, LLC

**Current Principal Place of Business:**

85 WEST PELICAN BLVD  
NAPLES, FL 34113

**New Principal Place of Business:**

2223 TRADE CENTER WAY  
NAPLES, FL 34109

**Current Mailing Address:**

85 WEST PELICAN BLVD  
NAPLES, FL 34113

**New Mailing Address:**

2223 TRADE CENTER WAY  
NAPLES, FL 34109

FEI Number: 20-1677709      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WOOD, DOUGLES A ESQ.  
1000 NORTH TAMiami TRAIL  
201  
NAPLES, FL 34102 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: HUBSCHMAN, ADAM  
Address: 1097 FRANK WHITMAN BLVD.  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: HUBSCHMAN, ADAM  
Address: 1097 FRANK WHITMAN BLVD.  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ADAM HUBSCHMAN

MGR

05/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date