

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061173

FILED
Apr 18, 2008
Secretary of State

Entity Name: SPYGLASS OF NAPLES, L.C.

Current Principal Place of Business:

15673 SUMMIT PLACE CIR.
NAPLES, FL 34119 US

New Principal Place of Business:

985 CHESAPEAKE BAY CT
NAPLES, FL 34120 US

Current Mailing Address:

15275 COLLIER BLVD.
SUITE #201, PMB 196
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 65-1228375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEVE, DIAMOND D
15673 SUMMIT PLACE CIR.
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

REEVE, DIAMOND D
985 CHESAPEAKE BAY CT
NAPLES, FL 34120 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: DIAMOND D. REEVE

04/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REEVE, DIAMOND D
Address: 15673 SUMMIT PLACE CIR.
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM () Delete
Name: REEVE, GABRIELLA
Address: 15673 SUMMIT PLACE CIR.
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REEVE, DIAMOND D
Address: 985 CHESAPEAKE BAY CT
City-St-Zip: NAPLES, FL 34120 US

Title: MGRM (X) Change () Addition
Name: REEVE, GABRIELLA
Address: 985 CHESAPEAKE BAY CT
City-St-Zip: NAPLES, FL 34120 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DIAMOND D. REEVE

MGRM

04/18/2008

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