

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90063 001 \*\*\*138.75

60004584



01212008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000065690</b> 1. Entity Name <b>NAPILO ASSOCIATES, L.L.C.</b>																													
Principal Place of Business <b>240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236</b>			Mailing Address <b>240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236</b>																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number <b>20-1580983</b> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>BAND, DAVID S 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236</b>																									
7. Name and Address of New Registered Agent Name <b>Stanley B. Kane</b> Street Address (P.O. Box Number is Not Acceptable) <b>1991 Main St, Box 183</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34236</b>				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 <u><i>Stanley B Kane</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BAND, DAVID S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>240 SOUTH PINEAPPLE AVE., 10TH FLOOR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34236</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	BAND, DAVID S		STREET ADDRESS	240 SOUTH PINEAPPLE AVE., 10TH FLOOR		CITY-ST-ZIP	SARASOTA, FL 34236		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Manager</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Stanley B. Kane</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1991 Main St, Box 183</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Sarasota, FL 34236</td> <td></td> </tr> </table>			TITLE	Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Stanley B. Kane		STREET ADDRESS	1991 Main St, Box 183		CITY-ST-ZIP	Sarasota, FL 34236	
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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: <u><i>Stanley B Kane</i></u> <u><i>1/22/08</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													