## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L04000079373



**FILED** 

Mar 22, 2007 8:00 am Secretary of State 03-22-2007 90177 006 \*\*\*\*50.00

| 1. Entity Name / NORTH NAPLES PROPERTIES, LLC  |  |                                     |  |                            |                                       |                                       |                                 |                            |  |
|--|--|-------------------------------------|--|----------------------------|---------------------------------------|---------------------------------------|---------------------------------|----------------------------|--|
| Principal Place of Business Mailing Address  |  | 1                                   |  |                            | <b></b>                               |                                       |                                 |                            |  |
| 83 RIVER COURT<br>NAPLES, FD 34110   |  | 83 RIVER COURT<br>NAPLES, FD 34110  |  |                            |                                       |                                       | Inn 10000 III                   |                            |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address                  |  |                            |                                       |                                       |                                 |                            |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                 |  | 03192007                   | Chg-LLC                               | CR2E083                               | (12/06)                         |                            |  |
| City & State   |  | City & State                        |  | 4. FEI Numb                |                                       |                                       |                                 | plied For<br>t Applicable  |  |
| Zìp  | . Country  | Zip                                 | Country  | 5. Certificate             | e of Status Desired                   |                                       | 5.00 Add<br>e Require           |                            |  |
|  | -6Name and Address of Current I  | Registered Agent — —                | Nome   | 7. Name an                 | d Address of New R                    | egistered Age                         | ent —                           |                            |  |
| REX, WAYNE   |  |                                     | Name   | Name                       |                                       |                                       |                                 |                            |  |
| 83 RIVER COURT<br>NAPLES, FL 34110   |  |                                     | Street Add   | ress (P.O. Box Numb        | s (P.O. Box Number is Not Acceptable) |                                       |                                 |                            |  |
|  |  |                                     |  |                            |                                       |                                       |                                 |                            |  |
|  |  |                                     | City   |                            |                                       | FL                                    | Zip Code                        | 9                          |  |
| 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  |  |                                     |  |                            |                                       |                                       |                                 |                            |  |
| I SIGNATURE.   |  |                                     |  |                            |                                       |                                       |                                 |                            |  |
| SIGNATURE .  | Signature, typed or printed name of registered agent a   | nd title if applicable. (NOTE: F    | Registered Agent signature r   | required when reinstating) |                                       | DATE                                  |                                 |                            |  |
| Fi   | Signature, typed or printed name of registered agent a<br>ling Fee is \$50.00<br>ue by May 1, 2007 | (NOTE: F                            | Registered Agent signature r   | required when reinstating) |                                       | e check pay<br>a Departmen            |                                 | 3                          |  |
| Fi   | ling Fee is \$50.00  |                                     | Registered Agent signature r   | required when reinstating) |                                       | e check pay<br>a Departmen            |                                 | 3                          |  |
| Fi De  | iling Fee is \$50.00<br>ue by May 1, 2007<br>MANAGING MEMBE  |                                     | 10.  | required when reinstaling) | Florida                               | e check pay<br>a Departmen            |                                 | Addition                   |  |
| 9.<br>TITLE<br>NAME  | lling Fee is \$50.00<br>ue by May 1, 2007<br>MANAGING MEMBE<br>MGR<br>REX, WAYNE                   | RS/MANAGERS                         | 10.<br>TITLE<br>NAME   | required when reinstating) | Florida                               | e check pay<br>a Departmen            | t of State                      |                            |  |
| Fi De  | iling Fee is \$50.00<br>ue by May 1, 2007<br>MANAGING MEMBE  | RS/MANAGERS                         | 10.  | required when reinstating) | Florida                               | e check pay<br>a Departmen            | t of State                      |                            |  |
| 9.  IITLE NAME STREET ADDRESS  | MANAGING MEMBE MGR REX, WAYNE 83 RIVER COURT   | RS/MANAGERS                         | 10. TITLE NAME STREET ADDRESS  | required when reinstating) | Florida                               | e check pay<br>a Departmen<br>CHANGES | t of State                      |                            |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MANAGING MEMBE MGR REX, WAYNE 83 RIVER COURT NAPLES, FL 34110 MGRM REX, SHERRY                     | RS/MANAGERS                         | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | required when reinstaling) | Florida                               | e check pay<br>a Departmen<br>CHANGES | t of State                      | Addition                   |  |
| 9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | MANAGING MEMBE MGR REX, WAYNE 83 RIVER COURT NAPLES, FL 34110 MGRM REX, SHERRY 83 RIVER COURT      | RS/MANAGERS                         | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | required when reinstaling) | Florida                               | e check pay<br>a Departmen<br>CHANGES | t of State                      | Addition                   |  |
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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.

NAME

STREET ADDRESS CITY+ST-ZIP

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP