2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# L04000087323

Entity Name: NAPLES MEDIATION SERVICES, LLC

Current Principal Place of Business:

5147 CASTELLO DRIVE
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5147 CASTELLO DRIVE
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-1983437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM ( ) Delete
Name: PAULICH, JOHN III
Address: 5147 CASTELLO DRIVE
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete
Name: SLACK, MARK A
Address: 5147 CASTELLO DRIVE
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete
Name: WOLFF, CASEY
Address: 5147 CASTELLO DRIVE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN PAULICH, III MGRM 04/16/2007

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