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Apr 04, 2008 8:00 am
Secretary of State
02-11-2008 90139 008 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

30003267

02082008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000090365

1. Entity Name
NAPLES ASSET MANAGEMENT COMPANY, LLC

Principal Place of Business	Mailing Address
1004 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110	1004 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
23150 Fashion D	23150 FASin Dr
Suite, Apt. #, etc. 231	Suite, Apt. #, etc. 231
City & State Estero	City & State Estero
Zip 33928 Country Lee	Zip 33928 Country Lee

4. FEI Number 20-2190247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTYRE, PAUL J
4130 BAYHEAD DRIVE
305
BONITA SPRINGS, FL 34134

wrong address

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 X P. J. McIntyre 3-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCINTYRE, PAUL J		NAME		
STREET ADDRESS	3739 WOODLAKE DR		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: X Paul J. McIntyre 3/10/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #