## 2008 LIMITED LIABILITY COMPANY .... ANNUAL REPORT

## **DOCUMENT # L04000090762**

1. Entity Name

NAPLES CAPITAL MANAGEMENT, LLC



FILED
Apr 02, 2008 08:00 AN
Secretary of State

Principal Place of Business

5120 CEROMAR DRIVE NAPLES, FL 34112 Mailing Address

5120 CEROMAR DRIVE NAPLES, FL 34112



## DO NOT WRITE IN THIS SPACE

03232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 02-0655560 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FOGARTY, DENNIS 5120 CEROMAR DRIVE NAPLES, FL 34112

## DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstitting)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Foe will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOGARTY, DENNIS 5120 CEROMAR DRIVE NAPLES, FL 34112		U00000878233 04/14/08-80046-010 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CHY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	
TITLE NAME STREET ADDRESS 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.			