FILED
Apr 28, 2008 8:00 am
Secretary of State

02-15-2008 90052 008 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000091593

1. Entity Name
NAPLES FUND LLC

Principal Place of Business	Mailing Address
1004 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110	1004 COLLIER CENTER WAY SUITE 1003 NAPLES, FL 34110
2. Principal Place of Business - No P.O. Box # 23150 Fashion Dr	3. Mailing Address 23150 Fashion Dr
Suite, Apt. #, etc. 231	Suite, Apt. #, etc. 231
City & State Estero	City & State Estero
Zip 33928 Country US	Zip 33928 Country US

30005152

02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2568210 — 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
3739 WOODLAKE DRIVE
BONITA SPRINGS, FL 34134

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 ______________________________
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete MCINTYRE, PAUL J 3739 WOODLAKE DR BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Paul McIntyre 04.26.08 2395935525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #