

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90327 049 ****55.00

DOCUMENT # L04000093456

1. Entity Name
ANTARAMIAN DEVELOPMENT GROUP, LLC



Principal Place of Business
**365 5TH AVENUE SOUTH #201
NAPLES, FL 34102**

Mailing Address
**365 5TH AVENUE SOUTH #201
NAPLES, FL 34102**

60047126



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3530 KRAFT ROAD
SUITE 300
NAPLES, FL 34105

3530 KRAFT ROAD
SUITE 300
NAPLES, FL 34105

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2059148

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANT, RICHARD C
5551 RIDGEWOOD DRIVE, STE. 501
NAPLES, FL 34108**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME JACK, ANTARAMIAN ☐ Delete
STREET ADDRESS ~~365 5TH AVE S STE 201~~
CITY- ST- ZIP ~~NAPLES, FL 34102~~

TITLE
NAME 3530 KRAFT ROAD ☒ Change ☐ Addition
STREET ADDRESS SUITE 300
CITY- ST- ZIP NAPLES, FL 34105

TITLE V
NAME NC=ACTER, TGINAS A ☐ Delete
STREET ADDRESS ~~365 5TH AVE S STE 201~~
CITY- ST- ZIP ~~NAPLES, FL 34102~~

TITLE **MACIVOR, THOMAS, A** ☒ Change ☐ Addition
NAME
STREET ADDRESS 3530 KRAFT ROAD
CITY- ST- ZIP SUITE 300
NAPLES, FL 34105

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME ☐ Change ☐ Addition
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.

SIGNATURE:

Thomas A. Macivor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/07

Date

(239) 434-0600

Daytime Phone #