## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 17, 2006 8:00 am Secretary of State

							JOUL CU		_ ~ ••	
DOCUMENT # L0500001419  1. Entity Name PARK SHORE OF NAPLES, LLC						07-17-2006 90043 046 ****50.00				
Principal Place of Business 1350 SOUTH FRONTAGE ROAD HASTINGS, MN 55033			Mailing Address 1350 SOUTH FRONTAGE ROAD HASTINGS, MN 55033		 	88181 8181 88111 <b>48</b> 111 <b>48</b> 111	H ABIN ABIN IN	1 AIFS) 11819 191	Ter ill 1981	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07072006	Chg-LLC	CR2E08	3 (11/05)			
City & State		City & State			4. FEI Numb	127492		<del></del>	plied For t Appticable	
Zip		Country	Zip	Country		5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name	and Address of Current R	egistered Agent	_		7. Name and	Address of New R	egistered A	gent	
LAWRENC SUNSTRE 6620 ESTE FORT MY	AM ERO BLVI			<u> </u>	ame treet Address (	P.O. Box Numb	er is Not Acceptable	3)		
			City		<del></del>	<del> </del>	FL	Zip Code	9	
8. The above the obligat	named entit tions of regis	ty submits this statement for tered agent.	the purpose of changing its	registered of	ffice or register	red agent, or bo	th, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if ecolicable (NOTE	. Damies and Asses						
				: megisiered Ager	nt signature required	when reinstating)		DATE		
Fil Due I	ling Fee i by Septer	<u> </u>		: registered Ager	nt signature required	when reinstaling)		e check pa	•	•
Fil Due I	ling Fee l by Septer	s \$50.00		T 10.	nt signature required	when reinsta(ing)	Florida	e check pa 3 Departme	•	•
Due I	by Septer	s \$50.00 mber 6, 2006	S/MANAGERS	10.	nt signature required	when reinsta(Ing)		e check pa a Departme	nt of State	
Due I	MGRM	s \$50.00 mber 6, 2006 MANAGING MEMBER		10. TITLE	nt signature required	when reinstating)	Florida	e check pa a Departme	•	Addition
9.	MGRM SCHWAF	s \$50.00 mber 6, 2006	S/MANAGERS	10.		when reinstaling)	Florida	e check pa a Departme	nt of State	
9. TITLE NAME	MGRM SCHWAF 33130 58	s \$50.00 mber 6, 2006 MANAGING MEMBER RZHOFF, CHARLES A	S/MANAGERS	10. TITLE NAME	DORESS	when reinstaling)	Florida	e check pa a Departme	nt of State	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. 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.

CITY-ST-ZIP

SIGNATURE: CALLED CONTROL OF SIGNING MANAGING MEMBER, MANAGER, STATITHORIZED REPRESENTATIVE

CITY-ST-ZIP

7/3/06

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Daytime Phone #