

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001419

FILED  
Jun 12, 2008  
Secretary of State

Entity Name: PARK SHORE OF NAPLES, LLC

**Current Principal Place of Business:**

1350 SOUTH FRONTAGE ROAD  
HASTINGS, MN 55033

**New Principal Place of Business:**

**Current Mailing Address:**

1350 SOUTH FRONTAGE ROAD  
HASTINGS, MN 55033

**New Mailing Address:**

FEI Number: 73-1727492      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BAKER, MARY ANNE A  
6620 ESTERO BLVD.  
FORT MYERS BEACH, FL 33931      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHWARZHOFF, CHARLES A  
Address: 33130 58TH AVENUE PATH  
City-St-Zip: CANNON FALLS, MN 55009

Title: MGRM ( ) Delete  
Name: HOLLAR, NANCY  
Address: 4019 THOMAS DRIVE  
City-St-Zip: HASTINGS, MN 55033

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES SCHWARZHOFF

MGRM

06/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date