

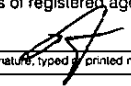



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90257 007 ****50.00

DOCUMENT # L05000008342					
1. Entity Name PORTFOLIO DEVELOPMENT GROUP OF NAPLES, LLC					
Principal Place of Business 7400 TAMIAMI TRAIL NORTH 102 NAPLES, FL 34108			Mailing Address 3 TALLOW WOOD DRIVE CLIFTON PARK, NY 12065		
2. Principal Place of Business 643 110th Avenue		3. Mailing Address 100 SITTERLY ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142006 Chg-LLC CR2E083 (11/05)	
City & State Naples, FL		City & State CLIFTON PARK, NY		4. FEI Number 74-3138569	
Zip 34108		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34108		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINN, JAMES B JR 7400 TAMIAMI TRAIL N 102 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name Quinn, James B. Jr. Street Address (P.O. Box Number is Not Acceptable) 643 110th Avenue City Naples FL Zip Code 34108		
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 				3/15/06	
(NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDY, ALLAN 7400 TAMIAMI TRAIL NORTH NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MacDonald, David 643 110th Avenue Naples, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINN, KEVIN M 7400 TAMIAMI TRAIL N NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINN, KEVIN M. 643 110th Avenue Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTONDO, KENNETH J 3 TALLOW WOOD DRIVE CLIFTON PARK, NY 12065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTONDO, KENNETH J 100 SITTERLY ROAD CLIFTON PARK, N.Y. 12065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINN, JAMES B JR 3 TALLOW WOOD DRIVE CLIFTON PARK, NY 12065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINN, JAMES B. JR. 100 SITTERLY ROAD CLIFTON PARK, N.Y. 12065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 				3/15/06 518-373-5765	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	