2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

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Entity Name: BMN OF NAPLES LLC

Current Principal Place of Business:

2 SHUMWAY HILL ROAD
FISKDALE, MA 01518

New Principal Place of Business:

752 LANDOVER CIRCLE
103
NAPLES, FL 34104

Current Mailing Address:

2 SHUMWAY HILL ROAD
FISKDALE, MA 01518

New Mailing Address:

752 LANDOVER CIRCLE
103
NAPLES, FL 34104

FEI Number: 34-2041752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NADEAU, PAMELA J
752 LANDOVER CIRCLE
SUITE 103
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: MURPHY, WILLIAM P
Address: 2 SHUMWAY HILL ROAD
City-St-Zip: FISKDALE, MA 01518

Title: MGRM ( ) Delete
Name: MURPHY, MARSHA R
Address: 2 SHUMWAY HILL ROAD
City-St-Zip: FISKDALE, MA 01518

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: NADEAU, PAMELA J
Address: 752 LANDOVER CIRCLE
City-St-Zip: NAPLES, FL 34104

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: PAMELA J. NADEAU MGRM 04/25/2008

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