## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Apr 07, 2006 8:00 am Secretary of State DOCUMENT # L05000016929 1. Entity Name 04-07-2006 90216 021 \*\*\*150.00 SNOWY EGRET PROPERTIES OF NAPLES, L.L.C. Principal Place of Business Mailing Address 1415 SWEETWATER COVE, UNIT 102 NAPLES FL 34110 1415 SWEETWATER COVE, UNIT 102 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address 10961 Bon Ha Beach Rd 10961 Boita Beach Ro Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number 20-2413024 Applied For on ta Beach on to K Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 34<u>135</u> 34135 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIHS, DOMINIQUE ESQ. Street Address (P.O. Box Number is Not Acceptable) 5131 SUNBURY COURT NAPLES FL 34104 City 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 (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change Addition NAME HAEUSSLER, CARL NAME STREET ADDRESS 1415 SWEETWATER COVE, UNIT 102 STREET ADDRESS CITY-ST-ZIF NAPLES FL 34110 CITY-ST-ZIP MGRM □ Defete ☐ Addition FAUCETT, J. M. NAME 109 bl Bonita Beach Rd. STREET ADDRESS 1876 TRADE CENTER WAY, SUITE C STREET ADDRESS CITY - ST - ZIP NAPLES FL 34109 Bonita Springs FL34135 CITY-ST-ZIP TITLE ☐ Deleta MGRM-- --TITLE NAME DEW, JOHN H NAME STREET ADDRESS 7555 SAN MIGUEL WAY STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my ginar e-chall 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 of true exemptions execute this report as required by Chapter 608, Florida Statutes.

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

**FILED** 

Daytime Phone II