## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000016929

1. Entity Name

SNOWY EGRET PROPERTIES OF NAPLES, L.L.C.



FILED
Apr 10, 2007 08:00 AM
Secretary of State

Principal Place of Business

10961 BONITA BEACH ROAD BONITA SPRINGS, FL 34135 Mailing Address

10961 BONITA BEACH ROAD BONITA SPRINGS, FL 34135



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2413024

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RIHS, DOMINIQUE ESQ. 5131 SUNBURY COURT NAPLES, FL 34104

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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			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	HAEUSSLER, CARL	
STREET ADDRESS	1415 SWEETWATER COVE, UNIT 102	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	MGRM	
NAME	FAUCETT, J. M.	
STREET ADDRESS	10961 BONITA BEACH ROAD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	MGRM	
NAME	DEW, JOHN H	
STREET ADDRESS	7555 SAN MIGUEL WAY	
CITY-ST-ZIP	NAPLES, FL 34109	
ΠτLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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. 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 empowers to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/5/07 (239)596-3200

Daytime Phone #