



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L05000016929 |  |
| 1. Entity Name SNOWY EGRET PROPERTIES OF NAPLES, L.L.C. | |

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| Principal Place of Business 10961 BONITA BEACH ROAD BONITA SPRINGS, FL 34135 | Mailing Address 10961 BONITA BEACH ROAD BONITA SPRINGS, FL 34135 |
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-LLC CR2E083 (12/07)

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|---|---------------------------------------|
| 4. FEI Number 20-2413024 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

8. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000907424
 05/05/08-80037-022 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HAEUSSLER, CARL 1415 SWEETWATER COVE, UNIT 102 NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FAUCETT, J. M. 10961 BONITA BEACH ROAD BONITA SPRINGS, FL 34135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DEW, JOHN H 7555 SAN MIGUEL WAY NAPLES, FL 34109 |
| TITLE 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4/16/08 (239) 596-3200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #