


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90057 045 *****50.00

DOCUMENT # L05000017143	
1. Entity Name NAPLES EXOTIC REPLICARS, LLC	

Principal Place of Business 5601 YAH L STREET UNIT 3 NAPLES FL 34109	Mailing Address 5601 YAH L STREET UNIT 3 NAPLES FL 34109
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2. Principal Place of Business - No P.O. Box # 5601 YAH L STREET	3. Mailing Address 5601 YAH L STREET
Suite, Apt. #, etc. Unit # 3	Suite, Apt. #, etc. Unit # 3
City & State NAPLES	City & State NAPLES FLORIDA
Zip FLORIDA	Country USA
Country COLLIER	Zip 34109
Country COLLIER	Country USA

1st MOORE CR2E083 (10/06)

4. FEI Number 45-0488858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIHA, CHRISTINA 1216 SOUTH MISSOURI AVENUE #406 CLEARWATER FL 33756	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL 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.) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM OLDENBURG, GARY 5601 YAH L STREET, UNIT #3 NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Gary A. Oldenburg Jan 19- 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #