## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## May 01, 2006 08:00 AM Secretary of State DOCUMENT # L05000018374 1. Entity Name SAP INVESTMENTS, LLC Principal Place of Business Mailing Address 2026 7TH STREET SOUTH 2026 7TH STREET SOUTH NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number Not Applicat Country Ziρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOVATT, JEFF M ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O CHÉFFY, PASSIDOMO, ET AL 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES FL 34102 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 access the obligations of registered agent. Signalure, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when remaining) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 Ø. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 3331 E MGR ☐ Defete TITLE ☐ Change Addin NAME UCCI, PATRICK J NAME STREET ADDRESS 2026 7TH STREET SOUTH STREET ADDRESS U00000547068 CITY-ST-ZIP CHY-ST-ZIP NAPLES FL 34102 <u>05/12/06-80009-014\_50.00</u> TITLE ☐ Celete TITLE ☐ Change ☐ Add": MARKE NAME STREET ADDRESS STREET AUCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addim Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-SI-702 CAY-ST-ZIP TELLE ☐ Delete THLE ☐ Change ■ Add® NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TOTAL F ☐ Change Addisi NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 782 CITY - ST - ZIP TITLE Delete 33767 ☐ Change □ Marris NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CVTY-\$1-20P 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Patrick J. Ucci

4-27-06

**FILED**