

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90145 024 \*\*\*\*50.00

**DOCUMENT # L05000039194**

1. Entity Name

EAGLE RIDGE OF NAPLES, LLC



Principal Place of Business

39 BRIGHTON AVE.  
BOSTON MA 02134

Mailing Address

39 BRIGHTON AVE.  
BOSTON MA 02134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/06)

4. FEI Number

56-2510738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHEFFY, JANE Y  
ATTORNEY AT LAW  
2375 TAMiami TRAIL NORTH, SUITE #310  
NAPLES FL 34103

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
DARER, ENRIQUE  
STREET ADDRESS  
39 BRIGHTON AVE.  
CITY - ST - ZIP  
BOSTON MA 02134 ☐ Delete

TITLE  
NAME  
SCHEINHOLZ, ARTHUR  
STREET ADDRESS  
39 BRIGHTON AVE.  
CITY - ST - ZIP  
BOSTON MA 02134 ☐ Delete

TITLE  
NAME  
BERK, JAMES  
STREET ADDRESS  
39 BRIGHTON AVE.  
CITY - ST - ZIP  
BOSTON MA 02134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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:

*[Signature]*

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

7/18/06

617-787-6501

Date

Daytime Phone #