

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039194

FILED
Jul 08, 2007
Secretary of State

Entity Name: EAGLE RIDGE OF NAPLES, LLC

Current Principal Place of Business:

39 BRIGHTON AVE.
BOSTON, MA 02134

New Principal Place of Business:

Current Mailing Address:

39 BRIGHTON AVE.
BOSTON, MA 02134

New Mailing Address:

FEI Number: 56-2510138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DARER, ENRIQUE
Address: 39 BRIGHTON AVE.
City-St-Zip: BOSTON, MA 02134

Title: MGRM () Delete
Name: SCHEINHOLZ, ARTHUR
Address: 39 BRIGHTON AVE.
City-St-Zip: BOSTON, MA 02134

Title: MGRM () Delete
Name: BERK, JAMES
Address: 39 BRIGHTON AVE.
City-St-Zip: BOSTON, MA 02134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES BERK

MNGR

07/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date