


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90064 008 ***138.75

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|---|--|--|---|--|--------------------------------------|
| DOCUMENT # L05000041969 | | | |  | |
| 1. Entity Name NAPLES BD II LLC | | | | | |
| Principal Place of Business 400 TALON CENTRE DETROIT, MI 48207 | | | Mailing Address 400 TALON CENTRE DETROIT, MI 48207 | | |
| 2. Principal Place of Business - No P.O. Box # 130 Kercheval | | 3. Mailing Address 130 Kercheval | | | |
| Suite, Apt. #, etc. Suite 200 | | Suite, Apt. #, etc. Suite 200 | | | |
| City & State Grosse Pointe Farms, MI | | City & State Grosse Pointe Farms, MI | | | |
| Zip 48236 | | Country USA | | Zip 48236 | |
| Country USA | | Country USA | | | |
| 6. Name and Address of Current Registered Agent TIMMIS, MICHAEL T.O. 2950 FORT CHARLES NAPLES, FL 34102 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE: <i>Michael T. Timmis</i> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> DATE: 2/6/08 </div> </div> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NAPLES BD LLC <input type="checkbox"/> Delete 400 TALON CENTRE DETROIT, MI 48207 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAPLES BD II LLC 130 Kercheval Suite 130 Grosse Pointe Farms, MI 48236 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TIMMIS, MICHAEL T.O. <input type="checkbox"/> Delete 2950 FORT CHARLES NAPLES, FL 34102 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Michael T. Timmis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | DATE: 2/6/08 | | DAYTIME PHONE #: 239 435 3225 |