



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L05000083888 1. Entity Name NAPLES TRIPLE CROWN PROPERTIES, LLC	
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Principal Place of Business 213 BURNING TREE DRIVE NAPLES, FL 34105 US	Mailing Address 213 BURNING TREE DRIVE NAPLES, FL 34105 US
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DO NOT WRITE IN THIS SPACE



02282008No Chg-LLC CR2E083 (12/07)

4. FEI Number 43-2088931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, ROBERT K
213 BURNING TREE DRIVE
NAPLES, FL 34105

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUCHANAN, ROBERT K 213 BURNING TREE DRIVE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARRELL, JAMES 2030 GORDON DRIVE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARRELL, CLAUDIA 2030 GORDON DRIVE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/21/08-80056-013 138.75

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IN THIS SPACE**

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: Robert K Buchanan Date: 3/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #: 239-253-7775