# FILED May 01, 2007 08:00 Secretary of State

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L05000100898**

1. Entity Name
NAPLES MIRACLE ONE, LLC



Principal Place of Business

300 FIFTH AVENUE SOUTH

SUITE 101 NAPLES, FL 34102 US Mailing Address

300 FIFTH AVENUE SOUTH SUITE 101

NAPLES, FL 34102 US



# DO NOT WRITE IN THIS SPACE

02162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3949693

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANAGING MEMBERS/MANAGERS

BOURGEAU, DAVID C 2375 TAMIAMI TRAIL NORTH SUITE 308 NAPLES, FL 34103

# DO NOT WRITE IN THIS SPACE

	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, the obligations of registered agent,	I am familiar with, and accept
	and designations of regulation agents.	
SI	GNATURE	

#### Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	FRITSCH, HELMUT M
STREET ADORESS	300 FIFTH AVENUE SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	FRITSCH, KIRSTEN
STREET ADDRESS	300 FIFTH AVENUE SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling 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 crystustee empowered to precipe this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

SIGNATURE AND TYPED OR

RINTED NAME OF SIGNING MANAGING LENDER, OR AUTHORIZED REPRESENTATIVE

4/21/07

239-763308C

Date

Daytima Phone #