2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000104936

1. Entity Name TFS NAPLES. LLC



Principal Place of Business

Mailing Address

800 SEAGATE DRIVE

STE 302 Naples, FL 34103 21 E LONG LAKE ROAD STE 100 BLOOMFIELD HILLS, MI 48304

FILED Apr 28, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 38-3404682

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

ARONOFF, JANET 800 SEAGATE DRIVE STE 302 NAPLES, FL 34103

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8	 The above named entity submits this statement for the put the obligations of registered agent. 	rpose of changing its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
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_	MONALATE ATTACK	,	

(NOTE: Registered Agent signature required when reinstating)

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

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9.			
NAME STREET ADDRESS CITY-S1-ZIP	MGRM ARONOFF, DANIEL J 800 SEAGATE DRIVE NAPLES, FL 34103		
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11. I hereby certify that the information supplied with this filing does not qualify for t			

U00000930426 05/21/08-80107-014 138.75

DATE

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

2/14/2008

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