


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90173 005 ***138.75

DOCUMENT # L05000112470	
1. Entity Name WW HANDSOME HARRY'S OF NAPLES, LLC	

Principal Place of Business 4001 TAMIAMI TRAIL N. STE 300 NAPLES, FL 34103 US	Mailing Address 4001 TAMIAMI TRAIL N. STE 300 NAPLES, FL 34103 US
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2. Principal Place of Business - No P.O. Box # 2150 Goodlette Road N.	3. Mailing Address 2150 Goodlette Road N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples Florida	City & State Naples Florida
Zip 34102	Zip 34102
Country US	Country US

60015572



01232008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent JOHNSON, KENNETH R 4001 TAMIAMI TRAIL N. STE 300 NAPLES, FL 34103	7. Name and Address of New Registered Agent - --- Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, JERRY 2150 GOODLETTE ROAD NORTH NAPLES, FL 341013040 <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: *Jerry J. Williams* Jerry J. Williams 1/23/08 239-403-5121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #