



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000118539 1. Entity Name ARLINGTON OAKS DEVELOPMENT, LLC	
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Principal Place of Business 5645 STRAND BLVD. NAPLES, FL 34110	Mailing Address 5645 STRAND BLVD. NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE



01222008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3935612	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

CONROY, J. THOMAS III
2210 VANDERBILT BEACH ROAD, SUITE 1201
NAPLES, FL 34109

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

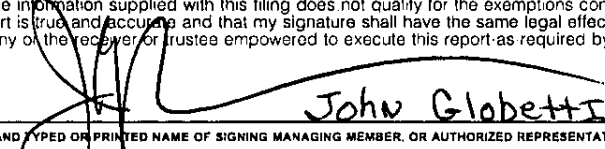
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLOBETTI, JOHN 5645 STRAND BLVD. NAPLES, FL 34110
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02/19/08-80028-008 138.75

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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:  **John Globetti** **2-5-2008** **239-597-1120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #