FILED
Apr 23, 2007 0
Secretary of

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000119204

1. Entity Name
NAPLES MIRACLE FOUR, LLC

Principal Place of Business	Mailing Address
300 FIFTH AVENUE SOUTH 101 / #302 NAPLES, FL 34102	300 FIFTH AVENUE SOUTH 101 / #302 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

02162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3955572
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $50.00
Due by May 1, 2007

U00000724107
05/02/07-80098-008 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	FRITSCH, HELMUT M
STREET ADDRESS	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: H. Fritsch MGR 4/18/07 239-2633080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #