

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90025 026 \*\*\*\*50.00

**DOCUMENT # L05000121555**

1. Entity Name  
**WESTON NAPLES COMPANY, L.L.C.**



Principal Place of Business  
**5561 UNIVERSITY DRIVE  
#103  
CORAL SPRINGS, FL 33067 US**

Mailing Address  
**50 EAST WASHINGTON STREET  
CHAGRIN FALLS, OH 44022 US**

**30007558**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number

**20-3975053**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GEORGE, KIM  
6408 MACLAURIN DRIVE EAST  
TAMPA, FL 33647**

7. Name and Address of New Registered Agent

Name  
**R. Chad Brenner**

Street Address (P.O. Box Number is Not Acceptable)

**5561 University Drive, #103**

City  
**Coral Springs**

FL Zip Code  
**33067**

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

**R. Chad Brenner**

**4/10/06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BRENNER, ROBERT C  
50 EAST WASHINGTON STREET  
CHAGRIN FALLS, OH 44022** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

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

Date

Daytime Phone #

**4-10-06 (211-201)  
2850**

ATTACHMENT

30067558  
#UB50000121555

**Brenner Kaprosy Mitchell, L.L.P.**

a Limited Liability Partnership  
Attorneys and Counselors at Law

R. Chad Brenner  
David V. Kaprosy  
T. David Mitchell\*  
Michael D. McPhillips\*

50 East Washington Street  
Chagrin Falls, Ohio 44022-3032

DEPARTMENT OF STATE

Of Counsel:  
David M. Maistros

Michael K. Webster

(440) 247-5555  
Fax: (440) 247-5551

\* Also admitted to practice in Florida

April 10, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

**Re: Weston Naples Company, L.L.C.**

Dear Sir/Madam:

Enclosed please find the 2006 Limited Liability Company Annual Report for the above-captioned company, together with a check in the amount of \$50.00 representing the filing fee. Please file this document as soon as possible and forward the recorded paperwork to the undersigned.

Thank you for your time.

Very truly yours,



Karen Domke  
Legal Assistant

Enclosures

10-10-06  
10-10-06  
10-10-06

Florida Office:

5561 University Drive, #103 • Coral Springs, Florida 33067 • (954) 509-9900 • (954) 462-0140 (Fax)