

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90015 040 ***143.75

DOCUMENT # L05000121672

1. Entity Name
CITYPLAZAONE, L.L.C.



Principal Place of Business
435 DOCKSIDE DRIVE #401
NAPLES, FL 34110

Mailing Address
435 DOCKSIDE DRIVE #401
NAPLES, FL 34110



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, BRIDGETTE
435 DOCKSIDE DRIVE #401
NAPLES, FL 34110

**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 obligation of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

*I tried to pay on the
www. site but it did not work*

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FOSTER, BRIDGETTE
435 DOCKSIDE DRIVE #401
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FOSTER, EUGENE
435 DOCKSIDE DRIVE #401
NAPLES, FL 34110

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

**DO NOT WRITE
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:

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

Date

Daytime Phone #

ATTACHMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Billing Information

Transaction Amount:

\$138.75

Credit Card Vendor:

AMEX

Credit Card Number:

372733909432003

Credit Card Expiration Date:

07 / 2009

Billing Name:

EUGENE A FOSTER

Billing Address:

435 DOCKSIDE DRIVE 401

Billing City:

NAPLES

Billing State:

FL

Billing Zip:

34110

Billing Phone Number (Format: 555-555-5555):

2392538002

How did you hear about this Service?

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Did NOT
work
PLA check
be sure we are
not charged
twice
EAF