

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000000966

Entity Name: NOWAK NAPLES LLC

FILED
Mar 21, 2007
Secretary of State

Current Principal Place of Business:

1900 TAMIAMI TRAIL NORTH
NAPLES, FL 34102 US

New Principal Place of Business:

1419 NW 15TH TERRACE
CAPE CORAL, FL 33993 US

Current Mailing Address:

310 NE 18TH AVE
CAPE CORAL, FL 33909 US

New Mailing Address:

1419 NW 15TH TERRACE
CAPE CORAL, FL 33993 US

FEI Number: 20-4113834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOWAK, THOMAS
310 NE 18TH AVE
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

NOWAK, SABINE
1419 NW 15TH TERRACE
CAPE CORAL, FL 33993 US

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.

SIGNATURE: SABINE NOWAK

03/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NOWAK, THOMAS
Address: 310 NE 18TH AVE
City-St-Zip: CAPE CORAL, FL 33909 FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NOWAK, SABINE
Address: 1419 NW 15TH TERRACE
City-St-Zip: CAPE CORAL, FL 33993 FL

Title: MGRM () Change (X) Addition
Name: NOWAK, SONJA J
Address: 3210 NW 14TH STREET
City-St-Zip: CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SONJA JOHANNA NOWAK

MGRM

03/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date