


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000018105</b> 1. Entity Name 4327 ARNOLD, LLC	
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Principal Place of Business 3838 TAMiami TRAIL NORTH, SUITE 402 NAPLES, FL 34103	Mailing Address 3838 TAMiami TRAIL NORTH, SUITE 402 NAPLES, FL 34103
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**DO NOT WRITE IN THIS SPACE**

01302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4369311	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  AARON A. FARMER, P.L. 720 FIFTH AVENUE SOUTH, STE 211 NAPLES, FL 34102	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

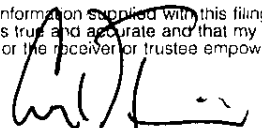
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVENS, DAVID J 3838 TAMiami TRAIL NORTH, SUITE 402 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONNERING, WILLIAM V 3838 TAMiami TRAIL NORTH, SUITE 402 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIMMINS, CRAIG D 3838 TAMiami TRAIL NORTH, SUITE 402 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000830742  
02/26/08-80095-013 138.75

**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:  MANAGING MEMBER 2/5/08 239-261-3400

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