2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# L06000018105

Entity Name: 4327 ARNOLD, LLC

Current Principal Place of Business:

3838 TAMIAMI TRAIL NORTH, SUITE 402
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

3838 TAMIAMI TRAIL NORTH, SUITE 402
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-4369311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AARON A. FARMER, P.L.
999 VANDERBILT BEACH ROAD
SUITE 606
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STEVENS, DAVID J
Address: 3838 TAMIAMI TRAIL NORTH, SUITE 402
City-St-Zip: NAPLES, FL 34103

Title: MGR ( ) Delete
Name: GONNERING, WILLIAM V
Address: 3838 TAMIAMI TRAIL NORTH, SUITE 402
City-St-Zip: NAPLES, FL 34103

Title: MGR ( ) Delete
Name: TIMMINS, CRAIG D
Address: 3838 TAMIAMI TRAIL NORTH, SUITE 402
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG D. TIMMINS MGR 02/03/2009

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