

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 JAN 17 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000019267	
1. Entity Name FAMILY ARBOUR WALK OF NAPLES INVESTMENTS, LLC	



Principal Place of Business %FIELDSTONE LESTER SHEAR&DENBERG, LLP 201 ALHAMBRA CIR#601, ATTN: ROSENBAUM CORAL GABLES, FL 33134	Mailing Address %FIELDSTONE LESTER SHEAR&DENBERG, LLP 201 ALHAMBRA CIR#601, ATTN: ROSENBAUM CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # 755 41street	3. Mailing Address 755 41street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Beach, Florida	City & State Miami Beach, Florida
Zip 33140	Zip 33140
Country USA	Country USA

6. Name and Address of Current Registered Agent ROSENBAUM, MICHAEL J % FIELDSTONE LESTER SHEAR & DENBERG LLP 201 ALHAMBRA CIRCLE, STE. 601 CORAL GABLES, FL 33134



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4353422	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name Rosenbaum International Law Firm, PA	
Street Address (P.O. Box Numbers Not Acceptable) c/o Betty Rosenbaum	
755 41street	
City Miami Beach	FL Zip Code 33140

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 <i>[Signature]</i> DATE 1/7/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENBAUM, MICHAEL 801 ALHAMBRA CIRCLE #601 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Rosenbaum, Betty 755 41street Miami Beach, Florida 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300115337983 01/17/08--01001--013 ***3663.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 1/7/08 DAYTIME PHONE # 305-333-5308