

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90265 039 \*\*\*143.75

60018186



01082008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000025403</b>					
1. Entity Name TAMIAMI SQUARE OF NAPLES BUILDING 400, LLC					
Principal Place of Business C/O CRIFASI ENTERPRISES, INC. 2375 TAMIAMI TRAIL NORTH, SUITE 208C NAPLES, FL 34103 US			Mailing Address C/O CRIFASI ENTERPRISES 2375 TAMIAMI TRAIL NORTH, SUITE 208C NAPLES, FL 34103 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4454707	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CRIFASI, JACK J JR. C/O CRIFASI ENTERPRISES, INC. 2375 TAMIAMI TRAIL NORTH, SUITE 208C NAPLES, FL 34103			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRIFASI ENTERPRISES INC 2375 TAMIAMI TR N 208 C NAPLES, FL 34103	<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
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
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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>Thomas Square Building 400 N 4th St Naples FL 34102</i> SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 4/26/08 239-594					