

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040893

FILED  
Jan 20, 2012  
Secretary of State

**Entity Name:** STRIP HOUSE NAPLES, LLC

**Current Principal Place of Business:**

THE GLAZIER GROUP INC.  
535 FIFTH AVE. 16TH FLOOR  
NEW YORK, NY 10017

**New Principal Place of Business:**

THE GLAZIER GROUP INC.  
535 FIFTH AVE. 10TH FLOOR  
NEW YORK, NY 10017

**Current Mailing Address:**

THE GLAZIER GROUP INC.  
535 FIFTH AVE. 16TH FLOOR  
NEW YORK, NY 10017

**New Mailing Address:**

THE GLAZIER GROUP INC.  
535 FIFTH AVE. 10TH FLOOR  
NEW YORK, NY 10017

**FEI Number:** 20-5468745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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  
Name: GLAZIER, PETER  
Address: 535 FIFTH AVE. 10TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

I hereby 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: PETER H. GLAZIER

MM

01/20/2012

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