

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000050417

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** NEEDLEPOINT IN PARADISE LLC

**Current Principal Place of Business:**

975 IMPERIAL GOLF COURSE ROAD  
SUITE 118  
NAPLES, FL 34110

**New Principal Place of Business:**

975 IMPERIAL GOLF COURSE BLVD  
SUITE 118  
NAPLES, FL 34110

**Current Mailing Address:**

975 IMPERIAL GOLF COURSE ROAD  
SUITE 118  
NAPLES, FL 34110

**New Mailing Address:**

975 IMPERIAL GOLF COURSE BLVD  
SUITE 118  
NAPLES, FL 34110

**FEI Number:** 20-4876515

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRACE, LYNN B  
2614 TAMiami TRAIL NORTH  
PMB 603  
NAPLES, FL 34103 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:** MGRM  
**Name:** GRACE, LYNN B  
**Address:** 2614 TAMiami TRAIL NORTH PMB 603  
**City-St-Zip:** NAPLES, FL 34103

**Title:** MGR  
**Name:** MC CANN, DONNA J  
**Address:** 1950 IMPERIAL GOLF COURSE BLVD.  
**City-St-Zip:** NAPLES, FL 34110

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:** LYNN B GRACE

MGR

01/18/2010

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