

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

04-04-2007 90036 025 ****50.00

DOCUMENT # L06000054042

1. Entity Name
CALI PROPERTIES, LLC



Principal Place of Business
**3101 TERRACE AVE
NAPLES, FL 34104**

Mailing Address
**3101 TERRACE AVE
NAPLES, FL 34104**

30009355



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05292007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-4932525

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRUGGER, JOHN N
600 FIFTH AVENUE SOUTH, SUITE 207
NAPLES, FL 34102**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
MASTROCOLA, FILIPPO
3101 TERRACE AVE
NAPLES, FL 34104**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**2800 Davis Blvd,
Ste 200
Naples, FL 34104**

☒ Change ☐ Addition

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John N. Brugger

Date

Daytime Phone #

3/27/07 239-263-6000