

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052006

Entity Name: SPACES-NAPLES LLC

FILED
Feb 13, 2008
Secretary of State

Current Principal Place of Business:

1950 WEST CROWN POINTE BLVD #207
NAPLES, FL 34112

New Principal Place of Business:

1950 WEST CROWN POINTE BLVD
UNIT 207
NAPLES, FL 34112

Current Mailing Address:

1950 WEST CROWN POINTE BLVD #207
NAPLES, FL 34112

New Mailing Address:

1950 WEST CROWN POINTE BLVD
UNIT 207
NAPLES, FL 34112

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, STE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD,
SUITE 101
TALLAHASSEE, FL 323012960 US

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:

02/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SWANCY, CAROLE S
Address: 1950 WEST CROWN POINTE BLVD #207
City-St-Zip: NAPLES, FL 34112

Title: MGRM () Delete
Name: PALERMO, ROSEMARY J
Address: 1950 WEST CROWN POINTE BLVD #207
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROSEMARY J PALERMO

MGRM

02/13/2008

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