

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054725

FILED
Jun 30, 2009
Secretary of State

Entity Name: PK NAPLES, LLC

Current Principal Place of Business:

837 FIFTH AVENUE SOUTH, SUITE 202
NAPLES, FL 34102

New Principal Place of Business:

2550 GOODLETTE ROAD NORTH
NAPLES, FL 34103

Current Mailing Address:

837 FIFTH AVENUE SOUTH, SUITE 202
NAPLES, FL 34102

New Mailing Address:

2550 GOODLETTE ROAD NORTH
NAPLES, FL 34103

FEI Number: 26-0243131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.
C/O CHEFFY, PASSIDOMO, ET AL
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

PEZESHKAN, FEREYDOON
2550 GOODLETTE ROAD NORTH
NAPLES, FL 34103 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: FEREYDOON PEZESHKAN

06/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEZESHKAN, FEREYDOON
Address: 837 FIFTH AVENUE SOUTH, SUITE 202
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEZESHKAN, FEREYDOON
Address: 2550 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34103

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: FEREYDOON PEZESHKAN

P

06/30/2009

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