

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90101 030 \*\*\*143.75

**DOCUMENT # L07000109889**

1. Entity Name  
**ARBOR POINTE MANAGEMENT, LLC**



Principal Place of Business  
**1000 ARBOR LAKE DRIVE  
NAPLES, FL 34110**

Mailing Address  
**1000 ARBOR LAKE DRIVE  
NAPLES, FL 34110**

**50002945**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

**26-1331059**

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CZARNIK, RON  
1000 ARBOR LAKE DRIVE  
NAPLES, FL 34110**

Name **Daniel Edenfield**

Street Address (P.O. Box Number is Not Acceptable)

**1000 Arbor Lake Drive**

City

**Naples**

FL

Zip Code

**34110**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**See attached sheet**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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]**

**Manager**

**4/8/08**

**239-592-1380**

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

Date

Daytime Phone #

ATTACHMENT

Arbor Pointe Management, LLC  
1000 Arbor Lake Drive  
Naples, FL 34110

50002945-  
L 07000109889

MANAGING MEMBER:

Tower Trace LLC  
1000 Arbor Lake Drive  
Naples, FL 34110

MANAGERS:

John B. Hemwall, Manager  
1000 Arbor Lake Drive  
Naples, FL 34110

John W. Sheldon, Manager  
1000 Arbor Lake Drive  
Naples, FL 34110

Richard A. Andersen, Manager  
1000 Arbor Lake Drive  
Naples, FL 34110

Virginia S. Dill, Manager  
1000 Arbor Lake Drive  
Naples, FL 34110

John F. Dill, Manager  
1000 Arbor Lake Drive  
Naples, FL 34110

Elmer G. Grant, Manager  
1000 Arbor Lake Drive  
Naples, FL 34110

Robert C. James, Manager  
1000 Arbor Lake Drive  
Naples, FL 34110

Charlotte L. Stifler, Manager  
1000 Arbor Lake Drive  
Naples, FL 34110