
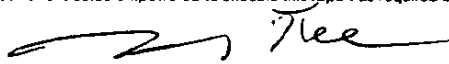


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Sep 12, 2008 8:00 am
Secretary of State

07-28-2008 90074 024 ***138.75

DOCUMENT # L07000110804			
1. Entity Name NMP NAPLES RENTAL, LLC			
Principal Place of Business % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Mailing Address % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 07222008		Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICOLE M. POLAYES FAMILY TRUST 2 WHITNEY AVENUE, SUITE 203 NEW HAVEN, CT 06510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Nicole M. Polayes Family Trust 265 Church Street, Suite 504 New Haven, CT 06510 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		7/24/08 203-562-8080	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	
Marshall D. Gibson, Trustee			

CT CORPORATION

ATTACHMENT

30011304
#LO7008110804

NMP Naples Rental, LLC

Agent Services
Agent Services
111 Eighth Avenue
New York NY 10011

00384 JUL 15, 2008

F1 Domestic Representation
09400558895

Marshal D Gibson
Law Offices of Marshal D. Gibson, P.C.
Whitney Grove Square
2 Whitney Avenue
New Haven, CT, 06510-

LAW OFFICES OF
MARSHAL D. GIBSON
PROFESSIONAL CORPORATION

MEMBER OF THE CONNECTICUT
FLORIDA AND NEW YORK BARS

BOARD CERTIFIED IN
TAXATION (FLORIDA)

ATTACHMENT

30011304

#L07000110804

ONE CENTURY TOWER
265 CHURCH STREET, SUITE 504, NEW HAVEN, CT 06510
TEL: 203-562-8080
FAX: 203-624-3388 E-MAIL: MGIBTAX@AOL.COM

NEW YORK OFFICE
230 PARK AVENUE, SUITE 1000, PMB 1072
NEW YORK, NY 10169

September 8, 2008

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: NMP Naples Rental, LLC

Dear Sir/Madam:

Enclosed please find a corrected Annual Report with regard to the above referenced entity. This entity is a single member LLC and, therefore, no separate Employer Identification Number was applied for. The sole member is a revocable Trust which uses the social security number of the Grantor of the Trust.

Thank you.

Very truly yours,



Marshal D. Gibson

MDG:lap
enc.