

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000123273

FILED
Apr 29, 2009
Secretary of State**Entity Name:** ANDERSON NAPLES HOLDING, L.L.C.**Current Principal Place of Business:**4651 GULF SHORE BLVD. N.
OFFICE
NAPLES, FL 34103**New Principal Place of Business:**4651 GULF SHORE BLVD. N.
APT. 902
NAPLES, FL 34103**Current Mailing Address:**4651 GULF SHORE BLVD. N.
OFFICE
NAPLES, FL 34103**New Mailing Address:**4651 GULF SHORE BLVD. N.
APT. 902
NAPLES, FL 34103**FEI Number:** 65-0182844**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRYANT, DAVID A
4651 GULF SHORE BLVD. N.
NAPLES, FL 34103 US**Name and Address of New Registered Agent:**ANDERSON, ANDREW C
4651 GULF SHORE BLVD. N.
APT. 902
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: ANDREW C. ANDERSON

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR. () Delete
Name: BRYANT, DAVID A
Address: 4651 GULF SHORE BLVD. N. #107
City-St-Zip: NAPLES, FL 34103Title: PRES (X) Delete
Name: GRINWIS, SUSAN
Address: 4651 GULF SHORE BLVD. N. #707
City-St-Zip: NAPLES, FL 34103Title: SEC (X) Delete
Name: POMBO, MARILYN
Address: 4651 GULF SHORE BLVD. N. #507
City-St-Zip: NAPLES, FL 34103Title: VP (X) Delete
Name: MUELLER, BARBARA
Address: 4651 GULF SHORE BLVD. N. #103
City-St-Zip: NAPLES, FL 34103Title: TR (X) Delete
Name: NEE, TOM
Address: 4651 GULF SHORE BLVD. N. #1203
City-St-Zip: NAPLES, FL 34103**ADDITIONS/CHANGES:**Title: MGR. (X) Change () Addition
Name: ANDERSON, ANDREW C
Address: 4651 GULF SHORE BLVD. N., APT. 902
City-St-Zip: NAPLES, FL 34103Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
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City-St-Zip: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: ANDREW C. ANDERSON

MGR

04/29/2009

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