


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90112 015 \*\*\*138.75

<b>DOCUMENT # L07000125873</b>			
1. Entity Name <b>SANDY LANE OF OLDE NAPLES, LLC</b>			
Principal Place of Business <b>2383 LINWOOD AVENUE NAPLES, FL 34112</b>		Mailing Address <b>P. O. BOX 1309 NAPLES, FL 34106</b>	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WOOD, DOUGLAS A 1000 NORTH TAMIAMI TRAIL SUITE 401 NAPLES, FL 34102</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 renewing) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAPLES RE-DEVELOPMENT, INC. 2383 LINWOOD AVENUE NAPLES, FL 34112 <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: <u>Traci Lule</u> <u>Bookkeeper</u>		Date: <u>4/9/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

30007062



04092008 Chg-LLC CR2E083 (12/08)

4. FEI Number **261605389** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required