

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008942

FILED  
Sep 25, 2009  
Secretary of State

**Entity Name:** NAPLES LPB VENTURES, LLC

**Current Principal Place of Business:**

3003 TAMIAMI TRAIL NO. STE 210  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

3003 TAMIAMI TRAIL NO. STE 210  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 26-1765401      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:**

**Name and Address of New Registered Agent:**

BRYAN, BRADLEY & WILLIAMS, LLC  
3003 TAMIAMI TRAIL NO. STE 210  
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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BRADLEY, WILLIAM J  
Address: 2836 SILVERLEAF LANE  
City-St-Zip: NAPLES, FL 34105

Title: MGRM      ( ) Delete  
Name: INDOVINA, PETER  
Address: 2816 N. ELM LANE  
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

**ADDITIONS/CHANGES:**

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: WILLIAM BRADLEY

MGRM

09/25/2009

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