

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080182

FILED
Apr 22, 2009
Secretary of State

Entity Name: CHAMPAGNE OF NAPLES, LLC

Current Principal Place of Business:

5659 STRAND COURT, SUITE 101
NAPLES, FL 34110

New Principal Place of Business:

5659 STRAND COURT
SUITE 101
NAPLES, FL 34110

Current Mailing Address:

5659 STRAND COURT, SUITE 101
NAPLES, FL 34110

New Mailing Address:

5659 STRAND COURT
SUITE 101
NAPLES, FL 34110

FEI Number: 20-3239151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.
4001 NORTH TAMiami TRAIL, SUITE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

LARSON, JACKIE K ACCT.
5659 STRAND COURT
SUITE 101
NAPLES, FL 34110 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: JACKIE K. LARSON

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: HARDY, ROBERT P MGR
Address: 5659 STRAND COURT, SUITE 101
City-St-Zip: NAPLES, FL 34110 US

Title: MGR () Change (X) Addition
Name: CH. MARTINEZ, ANGELICA MGR
Address: 5659 STRAND COURT, SUITE 101
City-St-Zip: NAPLES, FL 34110 US

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: ROBERT PAUL HARDY

MGR

04/22/2009

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