

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104756

FILED
Apr 07, 2009
Secretary of State

Entity Name: AMANDOLA PROPERTIES, LLC

Current Principal Place of Business:

10376 QUAIL CROWN DRIVE
NAPLES, FL 341198832

New Principal Place of Business:

10376 QUAIL CROWN DRIVE
NAPLES, FL 341198832 US

Current Mailing Address:

10376 QUAIL CROWN DRIVE
NAPLES, FL 341198832

New Mailing Address:

10376 QUAIL CROWN DRIVE
NAPLES, FL 341198832 US

FEI Number: 26-3683207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASP INC
3001 TAMIAMI TRIAL NORTH, 4TH FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

HEALY, JAMES J MGR
10376 QUAIL CROWN DRIVE
NAPLES, FL 341198832 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: JAMES J. HEALY

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HEALY, JAMES J
Address: 10376 QUAIL CROWN DRIVE
City-St-Zip: NAPLES, FL 341198832

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HEALY, JAMES J MGR
Address: 10376 QUAIL CROWN DRIVE
City-St-Zip: NAPLES, FL 341198832 US

Title: MGR () Change (X) Addition
Name: HEALY, MICHELLE E MGR
Address: 10376 QUAIL CROWN DRIVE
City-St-Zip: NAPLES, FL 341198832 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: JAMES J. HEALY

MGR

04/07/2009

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