

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000000505

Entity Name: JNT NAPLES, LLC

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

1470 DON STREET
NAPLES, FL 33942

New Principal Place of Business:

1470 DON STREET
NAPLES, FL 34104

Current Mailing Address:

1470 DON STREET
NAPLES, FL 33942

New Mailing Address:

1470 DON STREET
NAPLES, FL 34104

FEI Number: 26-3975782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUTTERLY, JOHN T
1470 DON STREET
NAPLES, FL 33942 US

Name and Address of New Registered Agent:

HUTTERLY, JOHN T
1470 DON STREET
NAPLES, FL 34104 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:

02/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DYKEMA, NORMAN D
Address: 1901 BAYA ROAD, #201
City-St-Zip: VERO BEACH, FL 32963

Title: MGR () Delete
Name: SEAMAN, THOMAS R
Address: 2045 REGATTA DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: MGR () Delete
Name: HUTTERLY, JOHN T
Address: 4022 CRAYTON ROAD
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
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: JOHN HUTTERLY

MGR

02/06/2009

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