LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
\$ 188.		+ \$88.75 Corpora Fo: FLORIDA DEF	PARTMEN	T OF STATE	} 99 №]]	1AY 24 A	M { : :	5
NAPLES LAND COMPANY, L.C. 8211 COLLEGE PARKWAY FORT MYERS FL 33919					1a. Principal Place of Business Address 8211 COLLEGE PARKWAY FORT MYERS FL 33919			
2 Principal Place of Business 2a. Mailin Suite, Apt. #, etc. Suite, Apt.			ng Address t. #, etc.		3. Date Organized or Qualified 03/02/1995 4. FEI Number		3a. State of Formation FL Applied For	
City & Stal	Country	City & State	Country		65-0561850 5. Date of Last Report 03/09/1998			Not Applicable ate of Status Desired
7. Name and Address of Current Registered Agent DOYLE, DONNA J 8211 COLLEGE PARKWAY FORT MYERS FL 33919				Name JAMES COLOSIMO Street Address (P.O. Box Number is Not Acceptable) 4099 TAMIAMI TRAIL N., #305 Suite, Apt. #, etc. City Zip Code				
its/register	and to the provisions of Sections 608.416 red office or registered agent, or both, in the red agent, and accept the obligations. THE THE OPERATOR ACCEPTING THE OPERATOR ACCEPTING THE OPERATOR ACCEPTING THE OPERATOR ACC	and 608,508, Florida S e State of Florida. Such Appointment. (NOI): Register	change was a	uthorized by affirma	tive vote of a majorit	DATE	S Thereby a	e purpose of changing accept the appointment
MGR-	Managing Members/Manage		Business Street Address 21550_RIVER_RANCH			City, State and Zip Code ESTERO_FL		
MGR- MEN	EM CAPALDI, TOM 2679 ROBA				TROY MI			
MEM -	COLOSIMO, JAMES R 4099 TAMIAMI TRAI 4BARBER,ROBERT-6					ļ		
MEM-	- Jassy, - John - D		-Purty	- TAUGS		haaaa.	P(35);	2437 -01046008

11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND EXPEDION FRINTED NAME OF SKILLING MANAGERS MEMBER OF MANAGER

4/20/99 894, 063-30

****188.75 ****188.7