

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L98000000580

**FILED**  
**Jun 25, 2009**  
**Secretary of State**

**Entity Name:** C.C. DEVELOPMENT COMPANY OF NAPLES, L.C.

**Current Principal Place of Business:**

641 HICKORY ROAD  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 110097  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 59-3510424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JENSEN, CLARK D  
641 HICKORY ROAD  
NAPLES, FL 34108 US

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

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: JENSEN, CLARK D  
Address: 641 HICKORY ROAD  
City-St-Zip: NAPLES, FL 34108

Title: MGRM ( ) Delete  
Name: BERNIER, RAYMOND P  
Address: 477 DEVILS LANE  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JENSEN, CLARK D  
Address: 641 HICKORY ROAD  
City-St-Zip: NAPLES, FL 34108

Title: MGR (X) Change ( ) Addition  
Name: BERNIER, RAYMOND P  
Address: 477 DEVILS LANE  
City-St-Zip: NAPLES, FL 34103

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: CLARK D. JENSEN

MGR

06/25/2009

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