2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000000174

1. Entity Name
CAMBRIDGE SQUARE OF NAPLES, L.C.

Principal Place of Business	Mailing Address
3431 PINE RIDGE ROAD, SUITE 101 NAPLES, FL 34109	3431 PINE RIDGE ROAD, SUITE 101 NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

02022005No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3548540

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PARRISH, JOHN
3431 PINE RIDGE ROAD, STE 101
NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PARRISH, JOHN
STREET ADDRESS	3431 PINE RIDGE ROAD, SUITE 101
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	MGRM
NAME	MOORE, MICHAEL G
STREET ADDRESS	3431 PINE RIDGE ROAD, SUITE 101
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000356240
05/04/05-80028-006 150.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: _____ 4/28/05 239-566-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #