LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90257 020 ****50.00

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DOCUMENT # L99000003298

1. Entity Name

One Neapolitan, LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
575 Admiralty Parade West	575 Admiralty Parade West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples	City & State: Naples
Zip: 34102 Country: USA	Zip: 34102 Country: USA

4. FEI Number: 52-2208839 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Anne D. Camalier

Street Address (P.O. Box Number is Not Acceptable): 575 Admiralty Parade West

City: Naples **FL** Zip Code: 34102

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Manager
NAME	Anne D. Camalier
STREET ADDRESS	575 Admiralty Parade West
CITY-ST-ZIP	Naples, FL 34102

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

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CR2E083B (12/01)

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: Renee D Camalier 4/29/02 301-564-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #