

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004139

Entity Name: NAPLES PLACE 4, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

C/O HENRY HOLZKAMPER
6435 HIGHCROFT DRIVE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

C/O HENRY HOLZKAMPER
6435 HIGHCROFT DRIVE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 59-3586650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLZKAMPER, HENRY
6435 HIGHCROFT DRIVE
NAPLES, FL 34119 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: MGR () Delete
Name: HEPNER, BRUCE
Address: 2265 LANDWEHR ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: HENRY, HOLZKAMPER
Address: 6435 HIGHCROFT DR.
City-St-Zip: NAPLES, FL 34119

Title: MGR () Change (X) Addition
Name: JAN, MOORE
Address: 6435 HIGHCROFT DR.
City-St-Zip: NAPLES, FL 34119

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: HENRY HOLZKAMPER

MGR

04/17/2009

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