


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90327 007 \*\*\*\*55.00

DOCUMENT # L99000009128		
1. Entity Name AUDUBON CENTER OF NAPLES, L.L.C.		

Principal Place of Business <del>2606 SOUTH HORSESHOE DRIVE</del> <del>NAPLES, FL 34104</del>	Mailing Address <del>2606 SOUTH HORSESHOE DRIVE</del> <del>NAPLES, FL 34104</del>
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2. Principal Place of Business - No P.O. Box #  3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105	3. Mailing Address  3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105
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Zip Country	Zip Country
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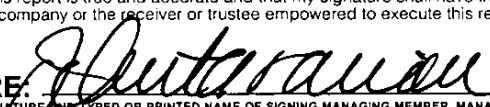
6. Name and Address of Current Registered Agent  PEZESHKAN, F. FRED 3520 KRAFT ROAD NAPLES, FL 34105	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEZESHKAN, F. FRED <del>2600 LANTERN LANE</del> <del>NAPLES, FL 34104</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3520 KRAFT ROAD NAPLES, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARSELLO, ROBERT L <del>725 CORAL DRIVE</del> <del>NAPLES, FL 34104</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3520 KRAFT ROAD NAPLES, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MACIVOR, THOMAS <del>365 FIFTH AVE S, SUITE 201</del> <del>NAPLES, FL 34102</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 4-24-07 Daytime Phone # 239-434-0600

60047120



04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0971276	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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