

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 20 AM 10:21

DOCUMENT # M01000000904

1. Entity Name
CB/NAPLES, LLC



Principal Place of Business

1 N LASALLE ST
1450
CHICAGO, IL 60602

Mailing Address

1 N LA SALLE STREET
SUITE 1450
CHICAGO, IL 60602

DO NOT WRITE IN THIS SPACE



01112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
36-4402680

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAROLLO, THOMAS C
11586 QUAIL VILLAGE WAY
NAPLES, FL 34119

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRANDWEIN, RICHARD
1 N LASALLE ST #1450
CHICAGO, IL 60602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CAROLLO, THOMAS C
4451 GULF SHORE BLVD. N.
NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CBNP
1 N LASALLE ST #1450
CHICAGO, IL 60602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600131630886
06/24/08--01036--002 **138.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Thomas C. Carollo

,2008 239-860-2317

Date

Daytime Phone #