

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000002496**

1. Entity Name  
**NAPLES ESTATES, LLC**



Principal Place of Business  
**C/O CAL-AM PROPERTIES, INC.  
18200 VON KARMAN, STE #725  
IRVINE, CA 92612**

Mailing Address  
**C/O CORY S. SUKERT  
18200 VON KARMAN #725  
IRVINE, CA 92612**



04212006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**95-4809462**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOBO, ALLEN J  
ONE SARASOTA TWR.  
TWO NORTH TAMiami TR., 5TH FL  
SARASOTA, FL 34236**

**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 reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	KARNO, NORTON S
STREET ADDRESS	16255 VENTURA BLVD., SUITE 1200
CITY- ST- ZIP	ENCINO, CA 91436
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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NAME	
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CITY- ST- ZIP	

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05/06/06-80148-004 50.00

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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

Date

Daytime Phone #