


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 16, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000001092	
1. Entry Name TREADWELL NAPLES, L.L.C.	

Principal Place of Business 1025 COLLIER CENTER WAY NAPLES FL 34110	Mailing Address 1025 COLLIER CENTER WAY NAPLES FL 34110
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE		CR2E083 (5/05)	
4. FEI Number	32-0042443	Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
GRANT, SCOTT M ESQ SCOTT M. GRANT, P.A. 3337 TAMiami TRAIL N NAPLES FL 34103	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREADWELL, DONALD H 417 EUREKA ROAD WYANDOTTE MI 48192 <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
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09/16/05-80003-012 50.00

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	<i>Donald H. Treadwell</i>	DONALD H. TREADWELL	734-282-2122 8/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			