

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # M03000001092

1. Entity 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

FILED  
Aug 28, 2006 08:00 A  
Secretary of State



08072006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
32-0042443

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

**DO NOT WRITE  
IN THIS SPACE**

6. 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

Filing Fee is \$50.00  
Due by September 6, 2006

U000000575551  
08/29/06-80006-019 50.00

9. MANAGING MEMBERS/MANAGERS

|                |                     |
|----------------|---------------------|
| TITLE          | MGRM                |
| NAME           | TREADWELL, DONALD H |
| STREET ADDRESS | 417 EUREKA ROAD     |
| CITY-ST-ZIP    | WYANDOTTE, MI 48192 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**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:

*Donald H Treadwell*

8/24/06

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

Date

Daytime Phone #