

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90063 014 ***138.75

DOCUMENT # M03000001284

1. Entity Name
SAN MARINO NAPLES, LLC



60031087

Principal Place of Business
**401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292**

Mailing Address
**401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01102008 Chg-LLC CR2E083 (12/06)

City & State
Zip Country

4. FEI Number
80-0059645

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, N. BERRY SR.
401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292**

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 _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TAYLOR, N. BERRY
401 COMMERCIAL COURT, SUITE A
VENICE, FL 34292** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAGAN, KEVIN
401 COMMERCIAL CT.M STE A
VENICE, FL 34292** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PEACOCK, FRANK R
401 COMMERCIAL CT., STE A
VENICE, FL 34292** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

N. Berry Taylor
TAYLOR, N. BERRY

25 April 08

941-484-5339

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

Date

Daytime Phone #