

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90072 014 \*\*\*138.75

**DOCUMENT # M05000001475**

1. Entity Name

AUREUS PROPERTIES, LLC



Principal Place of Business

700 11TH STREET S STE. 101  
NAPLES FL 34102

Mailing Address

700 11TH STREET S STE. 101  
NAPLES FL 34102



2. Principal Place of Business - No P.O. Box #

1400 Gulfshore Blvd N

3. Mailing Address

1400 Gulfshore Blvd. N.

Suite, Apt. #, etc.

Ste 148

Suite, Apt. #, etc.

Ste 148

City & State

Naples FL

City & State

Naples FL

Zip 34102

Country USA

Zip 34102

Country USA

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-2506945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, RICHARD L  
700 11TH STREET S STE. 101  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1400 Gulfshore Blvd N.

Ste 148

City Naples

FL

Zip Code 34102

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 fee if applicable

(NOTE: Registered Agent signature required when renewing)

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 MGRM  
NAME SCOTT, FRANCES ANNETT  
STREET ADDRESS 700 11TH STREET S STE. 101  
CITY- ST- ZIP NAPLES FL 34102

☐ Delete

TITLE  
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CITY- ST- ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☒ Change ☐ Addition

1400 Gulfshore Blvd N. Ste 148  
Naples FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
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CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*F. Frances Annett*

2.6.08

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

Date

Daytime Phone #