

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001494

FILED
Feb 24, 2009
Secretary of State

Entity Name: CORAL PALMS NAPLES APARTMENTS LLC

Current Principal Place of Business:

CORAL PALMS APARTMENTS
4539 CORAL PALMS LANE
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

80 JOHNSON STREET
KINGSTON ONTARIO CANADA, ON K7L 1X7 OC

New Mailing Address:

FEI Number: 20-4475662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINBERG, LAWRENCE B
2650 N. MILITARY TRAIL, SUITE 240
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, A. BRITTON
Address: 80 JOHNSON STREET
City-St-Zip: KINGSTON ONTARIO CANADA, K7L 1X7 OC

Title: MGR () Delete
Name: MOORE, FRANCINE
Address: 80 JOHNSON STREET
City-St-Zip: KINGSTON ONTARIO CANADA, K7L 1X7 OC

Title: MGR () Delete
Name: HENDRY, ALFRED G
Address: 80 JOHNSON STREET
City-St-Zip: KINGSTON ONTARIO CANADA, K7L 1X7 OC

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANCINE A. MOORE

CFO

02/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date