

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000468

Entity Name: CSM RI NAPLES, L.L.C.

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

500 WASHINGTON AVENUE SOUTH, SUITE 3000  
MINNEAPOLIS, MN 55415

**New Principal Place of Business:**

**Current Mailing Address:**

500 WASHINGTON AVENUE SOUTH, SUITE 3000  
MINNEAPOLIS, MN 55415

**New Mailing Address:**

FEI Number: 74-3250795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301 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  
Name: DANN, ROBERT M  
Address: 500 WASHINGTON AVENUE SOUTH, SUITE 3000  
City-St-Zip: MINNEAPOLIS, MN 55415

Title: MGR  
Name: BOWAR, EUGENE M  
Address: 500 WASHINGTON AVENUE SOUTH, SUITE 3000  
City-St-Zip: MINNEAPOLIS, MN 55415

I hereby 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: ROBERT M. DANN

MGR

03/10/2010

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