


**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

**1997 APR 16 AM 9:39**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
<b>1 Name and Mailing Address</b> of Limited Liability Company  COLUMBIA NAPLES CAPITAL, L.L.C. <del>501 GOODLETTE ROAD NORTH, SUITE D-100</del> NAPLES FL 33940		<b>DOCUMENT #</b> M96000000025  <b>1a. Principal Place of Business Address</b> <del>501 GOODLETTE ROAD NORTH, SUITE D-100</del> NAPLES FL 33940	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
<b>2 Principal Place of Business</b> 5020 TAMiami TRAIL NORTH Suite, Apt. #, etc. SUITE 200 City & State Zip 34103 Country		<b>2a. Mailing Address</b> 5020 TAMiami TRAIL NORTH Suite, Apt. #, etc. SUITE 200 City & State Zip 34103 Country	
<b>3. Date Organized or Qualified</b> 01/19/1996		<b>3a. State of Formation</b> DE	
<b>4. FEI Number</b> 65-0631350		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Date of Last Report</b>		<b>6. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301		<b>8. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 300002148313--3 -04/18/97--01115--009 City FL Zip Code ****203.75	
<b>9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.</b>			
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE _____	
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGRM	CHAMBERLIN CAPITAL C,	<del>501 GOODLETTE ROAD NORTH,</del> 5020 TAMiami TRAIL NORTH SUITE 200	NAPLES FL Naples, FL 34103  KSP 4/17/97
<b>11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.</b>			
<b>SIGNATURE:</b> <i>Jerry A. Chamberlin</i>		Date 4/14/97	Daytime Phone # 941 435-7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #