FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS ILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee				1a. Principal Place of Business Address 5020 TAMIAMI TRAIL NORTH SUITE 210 NAPLES FL 34103			
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company COLUMBIA NAPLES CAPITAL, L.L.C. 5020 TAMIAMI TRAIL NORTH SUITE 210 NAPLES FL 34103							
		2a. Mai	Mailing Address		3. Date Organized or Qualifie	d 3a. State of Formation	
		Suite, Apt. #, etc.			01/19/1996	DE	
		Suite, Apt. #, etc.			4. FEI Number	Applied For	
City & State		City & State			65-0631350	Not Applicable	
ίρ	Country	Zip	Cour	itry	5. Date of Last Report	6. Certificate of Status Desired	
	,				03/09/1998	\$8.75 Additional Fee Required	
registered office or r registered agent, a						Zip Code L atement for the purpose of changing bers. I hereby accept the appointment	
IGNATURE	(Registered Agent Accepting Application ent) (ALCOHA CO CONTRACTOR ASSOCIATION OF		di		
D. Title	(Registered Agent Accepts ###################################		T:	ess Street Address	· — · · · · · · · · · · · · · · · · · ·	ity, State and Zip Code	

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