

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000248

1. Entity Name

NAPLES INVESTMENT PROPERTIES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 12:01

Principal Place of Business

12500 FAIR LAKES CIRCLE, SUITE 400
FAIRFAX VI 22033

Mailing Address

12500 FAIR LAKES CIRCLE, SUITE 400
FAIRFAX VI 22033-3804



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1927986

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME PETERSON, MILTON V
STREET ADDRESS 12500 FAIR LAKES CIRCLE, SUITE 400
CITY-ST-ZIP FAIRFAX VI 22033

TITLE MGR ☐ Delete
NAME HAZEL, JOHN T JR.
STREET ADDRESS 3110 FAIRVIEW PARK DRIVE, SUITE 1400
CITY-ST-ZIP FALLS CHURCH VA 22042

TITLE MGR ☐ Delete
NAME SMITH, WILLIAM
STREET ADDRESS 12500 FAIR LAKES CIRCLE, SUITE 400
CITY-ST-ZIP FAIRFAX VI 22033

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 500003123835
STREET ADDRESS -02/04/00--01007--019
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #