

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000248

1. Entity Name

NAPLES INVESTMENT PROPERTIES, L.L.C.

Principal Place of Business

12500 FAIR LAKES CIRCLE, SUITE 400
FAIRFAX VI 22033

Mailing Address

12500 FAIR LAKES CIRCLE, SUITE 400
FAIRFAX VI 22033

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

54-1927986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
Due By September 26, 2001

700004611837--1
-09/26/01--01036--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0009113

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE