2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10341

City-St-Zip:

MARYLEBONE, LN W1M7ID

Entity Name: SPEYHAWK NAPLES, INC.

FILED Apr 29, 2008 Secretary of State

Littly Name: OF LITTAWK NAFELO, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1629 K STF	HINGTON REA REET NW, SU TON, DC 200				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
C/O WASHINGTON REAL ESTATE PARTNERS 639 E. OCEAN AVE, SUITE 406 BOYNTON BEACH, FL 33435			9816 S. MILITARY TRA	C/O WASHINGTON REAL ESTATE PARTNERS 9816 S. MILITARY TRAIL, SUITE C2.3 BOYNTON BEACH, FL 33436	
FEI Number:	22-2705800	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE 4 WESTON, FL 33331 US					
The above in the State	named entity of Florida.	submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR					
Electronic Signature of Registered Agent			t	Date	
Election Cam	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CAMALIER, F.	TERRACE N.W.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CAMALIER, LY	TERRACE N.W.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (OSBORNE, TR 6 UPPER WIM		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: F. DAVIS CAMALIER DPT 04/29/2008