

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90051 013 ***150.00

DOCUMENT # P38368 1. Entity Name CC-NAPLES, INC.	
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Principal Place of Business 71 S. WACKER DRIVE SUITE 900 CHICAGO, IL 60606 US	Mailing Address 71 S. WACKER DRIVE SUITE 900 CHICAGO, IL 60606 US
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DO NOT WRITE IN THIS SPACE

40050103



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3822569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC.
 1201 HAYS ST.
 SUITE 105
 TALLAHASSEE, FL 32301

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PRITZKER, PENNY 71 S. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD POORMAN, J. KEVIN 71 S. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SMITH, GARY 71 S. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITZKER, NICHOLAS J 71 S. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FIELDS, STEPHANIE 71 S. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, RANDAL 71 S. WACKER DRIVE, SUITE 900 CHICAGO, IL 60606

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Stephanie Fields** **2/29/08** **(312) 803-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #