2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000021023

1. Entity Name
ANTARAMIAN/RETAIL PARTNERS, LLC

Principal Place of Business	Mailing Address
365 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34102	365 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

04122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1157638
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ANTARAMIAN, JACK J
365 FIFTH AVE. SOUTH, STE. 201
NAPLES, FL 34102

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

Filing Fee is $50.00
Due by May 1, 2004

U00000113602
04/15/04-80016-010 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ANTARAMIAN, JACK J
STREET ADDRESS	365 FIFTH AVENUE SOUTH, STE. 201
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	PEZESHKAN, F. FRED
STREET ADDRESS	2606 SOUTH HORSESHOE DRIVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jack Antaramian Jack Antaramian 04/13/04 239-434-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #