


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001109
 1. Entity Name
 REALTY GROUP OF NAPLES, LLC



Principal Place of Business 26451 ROOKERY LAKE DR. BONITA SPRINGS, FL 34134	Mailing Address 2338 IMMOKALEE RD PMB 148 NAPLES, FL 34110
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04232004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-6970317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 PARKER, MR JERROD
 26451 ROOKERY LAKE DR.
 BONITA SPRINGS, FL 34134

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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)

**Filing Fee is \$50.00
 Due by May 1, 2004**

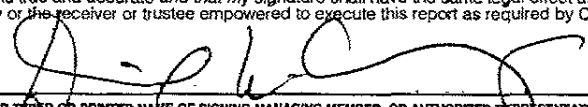
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARLEDGE, DAVID A 15501 MONTE ROSSO #101 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FROHLICK, KENNETH 491 PINEHURST COURT ROSLYN, NY 11576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAICHMAN, HERB 163 WEST 95TH STREET NEW YORK, NY 10025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, JERRY 26451 ROOKERY LAKE DR BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/26/04-80116-008 50.00

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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:  4/23/04 239-566-7220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/mo Phone #