


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000021163 1. Entity Name NEAPOLITAN ENTERPRISES LLC	
--	---

Principal Place of Business — 255 13TH AVENUE SOUTH, SUITE 202 NAPLES, FL 34102	Mailing Address 255 13TH AVENUE SOUTH, SUITE 202 NAPLES, FL 34102
---	---



DO NOT WRITE IN THIS SPACE

01032005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-6393793	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

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

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.


Filing Fee is \$50.00
Due by May 1, 2005

1100000187018
01/21/05-80083-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOBIN, JOAN F 2434 BELMONT RD. N.W. WASHINGTON, DC 20008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, BARBARA Z 4324 WESTOVER PL. N.W. WASHINGTON, DC 20016
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	

DO NOT WRITE
IN THIS SPACE

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:  1/17/05 239-261-8936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #