

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 08, 2004  
Secretary of State**

DOCUMENT# L03000016961

Entity Name: NAPLES MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

501 BRICKELL KEY DR., STE. 504  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

501 BRICKELL KEY DR., STE. 504  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 20-0359234      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWE, OSMOND C JR, ESQ  
501 BRICKELL KEY DR., STE. 504  
MIAMI, FL 33131

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: HOWE, OSMOND C  
Address: 501 BRICKELL KEY DRIVE, SUITE 504  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: OSMOND C. HOWE

MGR

07/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date