


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-23-2005 90157 024 ****50.00

DOCUMENT # L04000048233
 1. Entity Name
EVELYN AND ARTHUR NAPLES, LLC



Principal Place of Business Mailing Address
 277 SOUTH OCEAN BLVD. 277 SOUTH OCEAN BLVD.
 MANALAPAN FL 33462 MANALAPAN FL 33462

30002066



1st MOORE CR2E083 (10/04)

2. Principal Place of Business **DRIVE**
1912 CORPORATE
 Suite, Apt. #, etc. 3. Mailing Address
 Suite, Apt. #, etc.

City & State **BOYNTON BEACH FL** City & State
 Zip **33426** Country **USA** Zip Country

4. FEI Number **39-2398038** Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

KRASKER, PAUL A ESQ.
625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH FL 33401

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVELYN & ARTHUR, INC. 277 SOUTH OCEAN BLVD. MANALAPAN FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] MGR Fred Alissum Date 2/6/05 Daytime Phone # 561-572-0900

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