2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

AIIIIVAE IXEL VII.					Secretary of State			
DOCUMENT # P9400075258 1. Entity Name FIDDLER'S CREEK MANAGEMENT, INC.						560	iciai y Ul	Jiaic
Principal Place of Bu	usiness	Mailing Address			•			
3200 TAMIAMI TRAIL N.		3200 TAMIAMI TRAIL N.						
SUITE 200		- SUITE 200						
NAPLES, FL 34103 US		NAPLES, FL 34103 US						
2. Principal Place of Business		3. Mailing Address			alki giaki galil ggill agi			
Suite, Apt. #, etc.		Suite. Apt. #, etc.		01102005	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Number 65-0532			plied For t Applicable
Zip	Country	Zip Count		try	5. Certificate of	f Status Desired	\$8.75 Add Fee Require	
6.	Name and Address of Current I	agistered Agent		7. Name and Address of New Registered Agent				
	Name							
WOODWARD, 3200 TAMIAMI NAPLES, FL 3	TRAIL N., STE. 200	Street Address		P.O. Box Number	is Not Acceptable	e)		
				City			FL Zip Cod	e
	ed entity submits this statement for of registered agent.	the purpose of changing its	register	ed office or register	ed agent, or both	, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE Signature, typed or printed name of registored agent and title if applicable. (NOTE. Registered Agent signature required when refinishing) DATE								
	and the second of the second o		225.0.0					
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
	OFFICERS AND	DIRECTORS	- 11.		ADDITIONS/	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
10.		- Delete	TITL	=	ACCITACION C	3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	☐ Change	☐ Addilion
"""	RRAO, AUBREY J	- Li Deleté	NAM	•				C. J. Fragilials
				ET ADDRESS				
	0.75 0.25 0.2.1.2.1			-ST-ZIP				
- <u>-</u> -		☐ Delete	πι				☐ Change	☐ Addition
			NAM	-	100000342064			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ł	ET ADDRESS	U00000342064 04/29/05-80039-023 158.75			
\ - · · ·	NAPLES, FL 34114			-ST-ZIP	0 11 CD 100 00000 TBC0 100, [3		.00,10	
		——————————————————————————————————————					Change	Addition
TITLE TD		Delete	TITL	- 1			[_] Oliange	L_J Addition
	VARDO, ANTHONY 70 CLUB CENTER BLVD			EET ADDRESS				
	PLES, FL 34114		ı,	-ST-ZIP				
		 					☐ Change	Addition
TITLE VPE		☐ Delete	TITL NAM				Ottorige	LJ Addition
	RISI, JOSEPH L			EET ADDRESS				
,	70 CLUB CENTER BLVD PLES, FL 34114		•	-ST-ZIP				
	n LCO, FL 34114	——————————————————————————————————————	_}_				☐ Change	Addition
TITLE		☐ Delete	TITT.				□ cutings	- Addition
NAME				EET ADDRESS				
STREET ADDRESS				'-ST-ZIP				
CITY+ST-ZIP							☐ Change	Addition
TITLE		☐ Delete	TITL	1			L_1 Ollarige	veegag
NAME			NAM	AL EET ADDRESS				
STREET ADDRESS				-ST-ZIP				
CITY ST-ZIP	. 				and the second second	\ Florido Ctatuda -	I further pertiful that the	oformation
12. I hereby certify indicated on the	y that the information supplied with its report or supplemental report is	this filing does not quality for true and accurate and that twered to execute this repor	or the exe my signa t as requ	emption stated in Se ture shall have the ired by Chapter 60'	action 119.07(3)(i same legal effect 7, Florida Statutes), Florida Statutes. , as if made under s, and that my nam	I further certify that the loath, that I am an office ne appears in Block 10 c	nformation r or director ir Block 11 if
changed, or or	his report or supplemental report is tion or the receiver or trustee empt in an attachment with an address,	with all other like empowered	í.			w/1.	- /204	1.0642
SIGNATURE: SIGNATURE: Day the first present and the state of Signature								

FOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR JOSEPH LIVIO PARISI

DISECTOR