

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000041904

Entity Name: NAPLES ONE LLC

**FILED**  
**Apr 12, 2004**  
**Secretary of State**

## **Current Principal Place of Business:**

291 BAL BAY DRIVE, #206  
BAL HARBOUR, FL 33154

## **New Principal Place of Business:**

291 BAL BAY DRIVE #206  
BAL HARBOUR, FL 33154

## **Current Mailing Address:**

291 BAL BAY DRIVE, #206  
BAL HARBOUR, FL 33154

## **New Mailing Address:**

291 BAL BAY DRIVE #206  
BAL HARBOUR, FL 33154

FEI Number: 81-0635792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TRESCOTT, ROBERT L  
2121 PONCE DE LEON BLVD., #900  
CORAL GABLES, FL 33134 US

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

TRESCOTT DRUCKER VASALLO PL  
2605 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

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: ROBERT L. TRESCOTT

04/12/2004

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete

Name:

Address:

City-St-Zip:

## **ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition

Name: MSN LP,

Address: 291 BALY BAY DRIVE #206

City-St-Zip: BAL HARBOUR, FL 33154

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: SYLVIA NEXER

MGR

04/12/2004

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