FILED
Apr 14, 2003 8:00 am
Secretary of State
03-31-2003 90809 030 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001197

1. Entity Name
4695 ARNOLD, LLC

Principal Place of Business	Mailing Address
4695 ARNOLD AVENUE NAPLES, FL 34104	4695 ARNOLD AVENUE NAPLES, FL 34104

2. Principal Place of Business	3. Mailing Address
1025 Fifth Avenue North	1025 Fifth Avenue North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34102 Country:	Zip: 34102 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3762123 ☐ 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
BAVIELLO, MICHAEL A JR. 1025 FIFTH AVENUE NORTH NAPLES, FL 34102	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 ______________________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME Michael A. Baviello, Jr. STREET ADDRESS 1025 Fifth Avenue North CITY-ST-ZIP Naples, FL 34102	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Michael A. Baviello, Jr. 3/26/2003 239-434-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)