


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000002224</b> 1. Entity Name GANESHA INVESTMENT CLUB, L.L.C.	
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Principal Place of Business 13253 WEDGEFIELD DR NAPLES, FL 34110	Mailing Address 13253 WEDGEFIELD DR NAPLES, FL 34110
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**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-LLC CR2E093 (10/03)

4. FEI Number 59-3628918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MYLES, JOHN R  
13253 WEDGEFIELD DR  
NAPLES, FL 34110

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

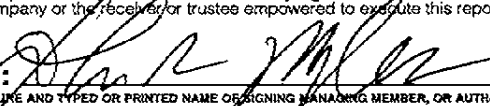
**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000122371  
04/21/04-80025-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAILEY, MAURY 1307 RIVERHEAD AVE MARCO ISLAND, FL 341453929
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYLES, JOHN 13253 WEDGEFIELD DR. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORR, MICHAEL 5891 VIA LUGANO NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOMMER, RICHARD 13253 WEDGEFIELD DR NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**  **4/19/04 (239) 598-0370**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #