

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000002224

1. Entity Name
GANESHA INVESTMENT CLUB, L.L.C.



Principal Place of Business
13253 WEDGEFIELD DR
NAPLES, FL 34110

Mailing Address
13253 WEDGEFIELD DR
NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE



02092005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3628918

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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02/12/05-80018-022 50.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JOHN R. MYLES
TREASURER

2/9/05 (239)
591-3061