


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90065 017 \*\*\*\*55.00

<b>DOCUMENT # L00000002308</b> 1. Entity Name <b>HURON STREET INVESTMENTS L.L.C.</b>					
Principal Place of Business <b>3047 HORIZON LANE #1903 NAPLES, FL 34109</b>			Mailing Address <b>3047 HORIZON LANE #1903 NAPLES, FL 34109</b>		
2. Principal Place of Business <b>740 WEST ST</b>		3. Mailing Address <b>740 WEST ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>NAPLES, FLORIDA</b>		City & State <b>NAPLES, FLORIDA</b>		4. FEI Number <b>65-0989599</b>	
Zip <b>34108</b>		Country <b>COLLIER</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORRADI, MICHAEL K 3047 HORIZON LANE #1903 NAPLES, FL 34109</b>		7. Name and Address of New Registered Agent Name <b>CORRADI, MICHAEL K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>740 WEST ST</b> City <b>NAPLES</b> FL Zip Code <b>34108</b>			
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 <u><i>Michael K. Corradi</i></u> DATE <b>7-12-2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CORRADI, MICHAEL K 3047 HORIZON LANE #1903 NAPLES, FL 34109</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CORRADI, MICHAEL K. 740 WEST ST. NAPLES, FLORIDA 34108</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Michael K. Corradi</i></u> DATE <b>7-12-2005</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					