2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L00000008645

Entity Name: ANTARAMIAN CAPITAL PARTNERS, LLC

Current Principal Place of Business:

365 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

365 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-3663327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHEFFY, LOUIS W
365 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: THE ANTARAMIAN FAMIL, Y TRUST
Address: 365 FIFTH AVENUE SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete
Name: KRAFT ENTERPRISES CO, MPANY, INC.
Address: 2606 S. HORSESHOE DRIVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: THE ANTARMIAN FAMILY TRUST MGRM 04/28/2005

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