2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010812

Entity Name: NAPLES HOLDINGS, LLC

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 14529 INDIGO LAKES
 P.O. BOX 111024

 NAPLES, FL 34119
 NAPLES, FL 34108

Current Mailing Address: New Mailing Address:

14529 INDIGO LAKES P.O. BOX 111024 NAPLES, FL 34119 P.O. BOX 111024 NAPLES, FL 34108

FEI Number: 59-3678434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOEDE, JOHN C
3140 ORANGE GROVE TRAIL
NAPLES, FL 34120 US
GOEDE, JOHN C
1185 IMMOKALEE ROAD
SUITE 120
NAPLES, FL 34110 US

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: JOHN GOEDE, ESQ 04/30/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GOEDE, JOHN C ESQUIRE
Address: 14529 INDIGO LAKES CIRCLE

City-St-Zip: NAPLES, FL 34119

 Title:
 MGRM () Delete

 Name:
 HATORI, ANTHONY K

 Address:
 391 DOVER PLACE #201

 City-St-Zip:
 NAPLES, FL 34104

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: GOEDE, JOHN C ESQUIRE

Address: P.O. BOX 111024 City-St-Zip: NAPLES, FL 34110

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: JOHN GOEDE MGRM 04/30/2004