2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

	am
24860 BURNT PINE DRIVE BONITA SPRINGS, FL 34134 24860 BURNT PINE DRIVE BONITA SPRINGS, FL 34134 2. Principal Place of Business SHOS TAYLOR Co Suite, Apt. #, ptc. 3. Mailing Address SHOS TAYLOR Co Suite, Apt. #, ptc. Suite, Apt. #, ptc. Suite, Apt. #, ptc. Suite, Apt. #, ptc. Suite, Apt. #, ptc. Jule 4 Out 62004 City & State NAPLES C. Crity & State NAPLES Country BY UPA Country BY Country BY Country Country BY DA Country BY DA Zip State NAPLES Country BY DA Country BY DA Country BY DA S. Certificate of Status Desired Pescellate of Pescellate of Status Desired Country BY DA Country BY DA State By DA Name Scond Address of New Registered Agent City State State 100 Country By DA Name Street Address of New Registered Agent Pescellate City II 101 NAPLES, FL 34108 City II Date City II Date Zip Code SideNATURE Egname, head capert agent agent and the tapplocable. (NOTE Registered Agent Agen	e
Suite, Apt. #, ptc. Suite, Apt. #, etc. O4162004 Chg-LLC CR2E083 (10/03) City & State O1ty & State Applied F Applied F Applied F NAPLES FL Outry State Applied F Applied F Zip Country Zip Country State Applied F Build, Apt. #, ptc. Outry Zip Country State Applied F Build, Apt. #, ptc. NAPLES FL Country State Desired \$\$ \$\$ \$0.00 Additional Fee Required Country State Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required GARLICK, THOMAS B Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SUITE 101 NAPLES, FL 34108 City FL Zip Code Signature, speed or printed name of registered agent and life # appleable. (NOTE Registered Agent signature registered agent, or both, in the State of Florida. Tam familiar with, and acceptable of Plorida Department of State Signature, speed or printed name of registered agent and life # appleable. (NOTE Registered Agent signature registered agent, or both, in the State of Florida. Tam familiar with, and acceptable to Florida Department o	
Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 Chg-LLC CR2E083 (10/03) Strice, Apt. #, etc. City & State 4. FEI Number Applied F NAPUES City & State 4. FEI Number Applied F Strice, Apt. #, etc. NAPLES FL 04162004 Chg-LLC CR2E083 (10/03) Zip City & State 4. FEI Number 65-1096272 Not Applied F Street Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Reference GARLICK, THOMAS B Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SUITE 101 NAPLES, FL 34108 City FL Zip Code 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. Tam familiar with, and act the obligations of registered agent. Date SIGNATURE Signame, hyped or printed name of registered agent and tile # applicable. (NOTE Registered Agent Liphature redired when remaining) Date Filing Fee Is \$50.00 Due by May 1, 2004 Inte AD	
NADUES C NADUES FL 65-1096272 Not Appli Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARLICK, THOMAS B 3551 RIDGEWOOD DRIVE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SUITE 101 NAPLES, FL 34108 City FL Zip Code 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 active obligations of registered agent. State of Florida. I am familiar with, and active obligations of registered agent and life if applicable. (NOTE Registered Agent signature required when (ensuting) DATE Signature, typed or primed name of registered agent and life if applicable. (NOTE Registered Agent signature required when (ensuting) DATE Signature, typed or primed name of registered agent and life if applicable. (NOTE Registered Agent signature required when (ensuting)	
34109 WSA 34109 WSA 34109 WSA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent GARLICK, THOMAS B 3551 RIDGEWOOD DRIVE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SUITE 101 NAPLES, FL 34108 Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34108 City FL Zip Code 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 active obligations of registered agent. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstaing) DATE Filling Fee Is \$50.00 Make check: payeble to Florida Department of State Make check: payeble to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE MGR Detete TILE Change	olicable
GARLICK, THOMAS B 3551 RIDGEWOOD DRIVE SUITE 101 NAPLES, FL 34108 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR	u
3551 RIDGEWOOD DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 101 NAPLES, FL 34108 NAPLES, FL 34108 City E City FL Zip Code 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 ac the obligations of registered agent. SIGNATURE Signature, typed or printed neme of registered agent and life if applicable. Signature, typed or printed neme of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) Date Make check payable to Florida Department of State Plorida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Detele TITLE City	
NAPLES, FL 34108 City FL Zip Code 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 ac the obligations of registered agent. SIGNATURE	
the obligations of registered agent. SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when (einstating) DATE Filing Fee is \$50.00 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TILE MGR Detete TITLE	accept
Due by May 1, 2004 Fiorida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Title MGR Detete Title Change A	
TILE MGR Detete TITLE Change A	
	Addition
NAME DAVIS, PAULA'J NAME STREET ADDRESS 24860 BURNT PINE DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34134 CITY-ST-ZIP	Auditon
TITLE Delete TITLE Change A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Addition
	Addition
Title Defele Title Change A NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Addition
THTLE Delete TITLE Change A NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY- ST-ZIP	Addition
TITLE Delele TITLE Change A NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP	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 ismitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	ation the
SIGNATURE: 4/26/04 239 593 54 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Phone 4	470