2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# L01000004073

Entity Name: NAPLES HOUSING COMPANY, L.L.C.

Current Principal Place of Business:

NAPLES HOUSING COMPANY, LLC
5574-2 MALT DRIVE
MYERS, FL 33907

New Principal Place of Business:

NAPLES HOUSING COMPANY, LLC
9745 SEGUIN WAY
MYERS, FL 33919

Current Mailing Address:

NAPLES HOUSING COMPANY, LLC
5574-2 MALT DRIVE
MYERS, FL 33907

New Mailing Address:

NAPLES HOUSING COMPANY, LLC
9745 SEGUIN WAY
MYERS, FL 33919

FEI Number: 65-1086234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VLASAK SNELL, MARY
1833 HENDRY STREET
FORT MYERS, FL 33901 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: MGR ( ) Delete
Name: BAUMAN, ANDREW M
Address: 5574-2 MALT DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: MGR ( ) Delete
Name: BRODEUR, RICHARD E
Address: 721 U.S. HIGHWAY ONE, SUITE 222
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BAUMAN, ANDREW M
Address: 9745 SEGUIN WAY
City-St-Zip: FORT MYERS, FL 33919

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: ANDREW M. BAUMAN MGR 04/26/2004

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