2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

1. Entity Name	MENT # L01000004: VITY, LLC				04-29-2004 900	_			
Principal Place of Business Mailing Address				L	_				
1000 9TH ST P.O. BOX 239	=	1000 9TH ST N STE 502 P.O. BOX 2391			1				
NAPLES, FL 3		NAPLES, FL 34106							
2. Principal Pl	ace of Business	3. Mailing Address			_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04062004	04062004 Chg-LLC CR2E083 (10/03)			
City & State		City & State		4. FEI Num 59-37	ber 09436			plied For Applicable	
Zip	Country	Zip Count		ltry	5. Certifica	te of Status Desired		\$5.00 Addi	itional
6. Name and Address of Current Registered Agent					7. Name a	nd Address of New R	legistered A	gent	
				Name					
HOLCHER, MAX A 1000 9TH ST N STE 502 NAPLES, FL 34102				Street Address	s (P.O. Box Nun	ber is Not Acceptable	∍)		
	es _a			City	<u> </u>		FL	Zip Code	,
A The shows	named entity or homits this statement for	egister	ad office or regis	tared agent or i	with in the State of Ele		amiliar with	and accept	
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 Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2004							e check p a Departm	syable to ent of State	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES	production was as a	2 (A. 10) An Alexander
TITLE	Gerardo Santiago	☐ Delete •	mu		•			Change	☐ Addition
NAME Street address	-2590 Windward	wa√	NAM	ET ADDRESS					į
CITY-ST-ZIP	naples, FL 3410	3	•	-ST-ZIP					ľ
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STREET ADDRESS			1	EET ADDRESS					}
CITY-ST-ZIP		this filing does not available		Y-ST-ZIP	Cactice 110 07	(3VI) Florido Chatras	1 further an	tifu shae sha "	ntormation
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 eath; 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.									