2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 0100009704



FILED Apr 27, 2004 8:00 am Secretary of State 04-27-2004 90015 036 ****55.00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent supplicable) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent supplicable) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent supplicable) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent suprinture regioned when reinstating) DATE	04072004 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
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City & State Application Filing Fee is \$50.00 by May 1, 2004 STREET ADDRESS CITY-ST- ZP TITLE MARK MAKE STREET ADDRESS CITY-ST- ZP City & State City & State City & State Application Application Application Application Application Application Street Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required 7. Name and Address of New Registered Agent Fee Required Four Country Street Address (P.O. Box Number is Not Acceptable) ITTLE Make check payable to Florida Department of State Make Check payable to Provide Agent	4. FEI Number Applied For 59-3747326 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
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Signature Sign	5. Certificate of Status Desired \$5.00 Additional Fee Required
Name	
WOLLMAN, EDWARD E 5129 CASTELLO DRIVE SUITE 1 NAPLES, FL 34103 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, an the obligations of registered agent. SIGNATURE FILING Signature, typed or printed name of registered agent and title if a policable. (NOTE: Registered Agent segment recovered when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM DOSS, RONALD E STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP Change Chang	7. Name and Address of New Registered Agent
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am lamiliar with, an the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) DATE Make check payable to Florida Department of State Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) DATE Make check payable to Florida Department of State Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) DATE Make check payable to Florida Department of State Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) DATE	NEWTON KOBERT E Street Address (P.O. Box Number is Not Acceptable) TRID ARTHUGTON TO
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9. MANAGING MEMBERS/MANAGERS TITLE MGRM DOSS, RONALD E STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ewton 4-22-04
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 info	ADDRESS -ZIP Addition Change Addition Addition Change Addition

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	let ant	ROBERT E	NEWTON	04/22/04	239-253-4377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Dale	Daytime Phone #