

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90494 024 ****50.00

DOCUMENT # L01000013073									
1. Entity Name HELPING HANDS OF NAPLES, LLC									
Principal Place of Business 2220 ARIELLE DR SUITE 2001 NAPLES, FL 34109			Mailing Address 2220 ARIELLE DR SUITE 2001 NAPLES, FL 34109						
2. Principal Place of Business 2016 Timarron Way Suite, Apt. #, etc.		3. Mailing Address 2016 Timarron Way Suite, Apt. #, etc.							
City & State Naples FL		City & State Naples FL		4. FEI Number 65-1140381					
Zip 34109		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BURKE, EDMUND J 2220 ARIELLE DRIVE SUITE 2001 NAPLES, FL 34109			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2016 Timarron Way City Naples FL Zip Code 34109						
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. <table style="width:100%; border: none;"> <tr> <td style="width: 33%; text-align: center;"> EDMUND J. BURKE SIGNATURE <i>Edmund J. Burke</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width: 33%; text-align: center;"> ELIZABETH P. BURKE SIGNATURE <i>Elizabeth P. Burke</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width: 33%; text-align: center;"> 3-29-04 DATE </td> </tr> </table>						EDMUND J. BURKE SIGNATURE <i>Edmund J. Burke</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	ELIZABETH P. BURKE SIGNATURE <i>Elizabeth P. Burke</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	3-29-04 DATE	
EDMUND J. BURKE SIGNATURE <i>Edmund J. Burke</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	ELIZABETH P. BURKE SIGNATURE <i>Elizabeth P. Burke</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	3-29-04 DATE							
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State							
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKE, EDMUND J 2220 ARIELLE DR. #2001 NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2016 Timarron Way <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKE, ELIZABETH P 2220 ARIELLE DR. #2001 NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2016 Timarron Way <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
<table style="width:100%; border: none;"> <tr> <td style="width: 33%; text-align: center;"> EDMUND J. BURKE SIGNATURE <i>Edmund J. Burke</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </td> <td style="width: 33%; text-align: center;"> ELIZABETH P. BURKE SIGNATURE <i>Elizabeth P. Burke</i> </td> <td style="width: 33%; text-align: center;"> 3-29-04 Date </td> <td style="width: 33%; text-align: center;"> 239-398-8015 Daytime Phone # </td> </tr> </table>						EDMUND J. BURKE SIGNATURE <i>Edmund J. Burke</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	ELIZABETH P. BURKE SIGNATURE <i>Elizabeth P. Burke</i>	3-29-04 Date	239-398-8015 Daytime Phone #
EDMUND J. BURKE SIGNATURE <i>Edmund J. Burke</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	ELIZABETH P. BURKE SIGNATURE <i>Elizabeth P. Burke</i>	3-29-04 Date	239-398-8015 Daytime Phone #						

- cell