

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017238

Entity Name: CAO ENTERPRISES, LLC

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

3527 PLOVER AVE  
NAPLES, FL 34117

**New Principal Place of Business:**

**Current Mailing Address:**

3527 PLOVER AVE  
NAPLES, FL 34117

**New Mailing Address:**

FEI Number: 59-3749323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GEGENWARTH, MARK  
6601 CUTTY SARK LANE  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

GEGENWARTH, MARK  
3527 PLOVER AVENUE  
NAPLES, FL 34117 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GEGENWARTH, MARK  
Address: 6601 CUTTY SARK LANE  
City-St-Zip: NAPLES, FL 34104

Title: MGRM ( ) Delete  
Name: GEGENWARTH, ANGELA  
Address: 6601 CUTTY SARK LANE  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GEGENWARTH, MARK  
Address: 3527 PLOVER AVENUE  
City-St-Zip: NAPLES, FL 34117

Title: MGRM (X) Change ( ) Addition  
Name: GEGENWARTH, ANGELA  
Address: 3527 PLOVER AVENUE  
City-St-Zip: NAPLES, FL 34117

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: ANGELA S GEGENWARTH

MGRM

04/29/2005

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