



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000017450 1. Entity Name CITY CLUB GROUP LLC	
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Principal Place of Business 2700 70TH STREET SW NAPLES, FL 34105 US	Mailing Address 2700 70TH STREET SW NAPLES, FL 34105 US
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DO NOT WRITE IN THIS SPACE



03222005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1144989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHUCH, MATTHEW F
2700 70TH STREET SW
NAPLES, FL 34105**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUCH, MATTHEW F 2700 70TH ST. SW NAPLES, FL 341057220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILEY, ROBERT L 822 MAGNOLIA CT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUCH, WILLIAM 5100 CEDAR SPRINGS DR. #101 NAPLES, FL 341103356
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSTER, KIM 8793 TAMiami TRAIL E STE 207 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/25/05-80047-008 55.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: MATTHEW F. SCHUCH  3/22/05 (239) 659 1502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #