

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000017557

**FILED**  
**Apr 20, 2005**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA FACTORS, LLC

**Current Principal Place of Business:**

4700 TAMiami TRAIL NORTH, SUITE 6  
NAPLES, FL 34108

**New Principal Place of Business:**

2335 TAMiami TR. N.  
SUITE #402  
NAPLES, FL 34103

**Current Mailing Address:**

PO BOX 770850  
NAPLES, FL 34107

**New Mailing Address:**

2335 TAMiami TR. N.  
SUITE #402  
NAPLES, FL 34103

**FEI Number:** 59-3741991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33145 US

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

NICHOLS, MARK E MR.  
2335 TAMiami TR. N.  
SUITE #402  
NAPLES, FL 34103 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: MARK E. NICHOLS

04/20/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: NICHOLS, MARK E  
Address: 4700 TAMiami TRAIL NORTH, SUITE 6  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NICHOLS, MARK E  
Address: 2335 TAMiami TR. N. SUITE #402  
City-St-Zip: NAPLES, FL 34103

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: MARK E. NICHOLS

MR.

04/20/2005

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