2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000019464

1. Entity Name
ARTENA ASSOCIATES, LLC

FILED
Jan 18, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2037 J&C BLVD. NAPLES, FL 34109	2037 J&C BLVD. NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

01062005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3758328	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ZAKS, JOSEPH D
850 PARK SHORE DRIVE, THIRD FLOOR
NAPLES, FL 34103

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BALLO, RICHARD
STREET ADDRESS	2037 J&C BLVD
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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: _Rich Ballo Mgr_   1-15-05   239 287-0837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #