

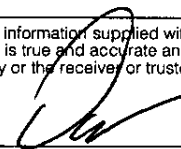


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90562 009 \*\*\*\*50.00

<b>DOCUMENT # L01000021375</b> 1. Entity Name <b>R &amp; G NAPLES, LLC</b>			
Principal Place of Business <b>9400 GLADIOLUS DR., STE. 250 FT. MYERS, FL 33908</b>		Mailing Address <b>9400 GLADIOLUS DR., STE. 250 FT. MYERS, FL 33908</b>	
2. Principal Place of Business <b>9001 DANIELS PARKWAY</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>FORT MYERS, FL</b> Zip Country		3. Mailing Address <b>9001 DANIELS PARKWAY</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>FORT MYERS, FL</b> Zip Country	
			
		02232004 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>75-3013472</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN ST., STE. 2100 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR REISMAN, JOHN R 9400 GLADIOLUS AVE SUITE 250 FORT MYERS, FL 33908</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912</b> <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
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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.			
<b>SIGNATURE:</b> 		<b>DAVID L. MILLER</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>3/26/04</b>	Daytime Phone # <b>239-981-5040</b>