


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # L01000021473 1. Entity Name ANTARAMIAN/PETTIT SQUARE PARTNERS, LLC	
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Principal Place of Business 365 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34102	Mailing Address 365 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3760372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**ANTARAMIAN, JACK J
365 FIFTH AVE. SOUTH, STE. 201
NAPLES, FL 34102**

**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 reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

1100000113604
04/15/04-80016-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANTARAMIAN, JACK J 365 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PEZESHKAN, F FRED 2606 S HORSESHOE DR NAPLES, FL 34104
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**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 609, Florida Statutes.

SIGNATURE: Jack Antaramian **Jack Antaramian** 04/13/04 239 434-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #