2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90028 004 ****50.00

DOCUMENT# L02000008987

1. EntityName
N560SB,L.L.C.

PrincipalPlaceofBusiness
11595KELLYRD.
SUITE219A
FORTMYERS,FL33908

MailingAddress
11595KELLYRD.
SUITE219A
FORTMYERS,FL33908

20018047

02242005 Chg-LLC CR2E083(10/03)

2. PrincipalPlaceofBusiness
Suite,Apt.#,etc.
City&State
Zip Country

3. MailingAddress
Suite,Apt.#,etc.
City&State
Zip Country

4. FEINumber
74-3038711
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

CLARKE,JOYCED
11595KELLYROAD
SUITE219A
FORTMYERS,FL33908

7. NameandAddressofNewRegisteredAgent

Name JOYCE D. CLARK
StreetAddress (P.O.BoxNumberisNotAcceptable)
City FL ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGINGMEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	HOFFMAN,ALFREDJR	
STREETADDRESS	11200LONGWATERCHASECOURT	
CITY-ST-ZIP	FORTMYERS,FL33908	
TITLE	MGRM	☐ Delete
NAME	ACKERMAN,DONE	
STREETADDRESS	24311WALDENCENTERDR	
CITY-ST-ZIP	BONITASPRINGS,FL34134	
TITLE	MGRM	☐ Delete
NAME	KAGAN,JOHNCMD	
STREETADDRESS	6981DEVONWOODDR	
CITY-ST-ZIP	FORTMYERS,FL33908	
TITLE	MGRM	☐ Delete
NAME	KNIGHT,STEEVEN	
STREETADDRESS	24280S.TAMIAMITRAIL	
CITY-ST-ZIP	BONITASPRINGS,FL34134	
TITLE		☐ Delete
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREETADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		

11. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that I am a managing member or manager of the limitedliabilitycompanyortherecei erortrustee empowered toexecutethisreportasrequiredbyChapter608,FloridaStatutes.

SIGNATURE: ALFRED HOFFMAN, JR 2/25/05 239-461-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,ORAUTHORIZEDREPRESENTATIVE Date DaytimePhone#