

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
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2. PrincipalPlaceofBusiness	3. MailingAddress
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Suite,Apt.#,etc.	Suite,Apt.#,etc.
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City&State	City&State
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Zip	Country	Zip	Country
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02242005 Chg-LLC CR2E083(10/03)

4. FEINumber 74-3038711	AppliedFor NotApplicable
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5. CertificateofStatusDesired	☐ \$5.00 Additional FeeRequired
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6. NameandAddressofCurrentRegisteredAgent CLARKE,JOYCED 11595KELLYROAD SUITE219A FORTMYERS,FL33908
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7. NameandAddressofNewRegisteredAgent	
Name Joyce D. Clark	
StreetAddress (P.O.BoxNumberisNotAcceptable)	
City FL	ZipCode

8. Theabovenamedentitysubmits thisstatementfor thepurposeof changingitsregisteredofficeorregisteredagent,orboth, intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE	(NOTE:RegisteredAgent'ssignatureisrequiredwhen installing)	DATE
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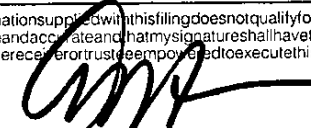
Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

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

10. ADDITIONS/CHANGES	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. Iherbycertifythattheinformation suppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportis trueand accurateand thatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that I am a managing member or manager of the limitedliabilitycompanyortherecipientoftrustdepositedtoexecute thisreportasrequiredbyChapter608,FloridaStatutes.

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