


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000009991 1. Entity Name LARUS PROPERTIES L.L.C.	
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Principal Place of Business 3511 PLOVER AVE., STE. 101 NAPLES, FL 34117	Mailing Address 3511 PLOVER AVE., STE. 101 NAPLES, FL 34117
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DO NOT WRITE IN THIS SPACE



01172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3648236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLNY, LARRY A
491 31ST STREET NW
NAPLES, FL 34120

**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 reinstating) DATE _____

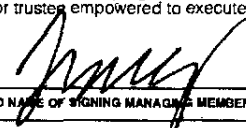
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLNY, LARRY A 3511 PLOVER AVE., STE. 101 NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLNY, RUSTY 3511 PLOVER AVE., STE. 101 NAPLES, FL 34117
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400000254882
03/07/05-80094-001 50.00

**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 608, Florida Statutes.

SIGNATURE:  **3-3-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #