


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000018494 1. Entity Name DIVERSIFIED SERVICES OF NAPLES, LLC |  |
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| Principal Place of Business 5760 SHIRLEY ST. #12 NAPLES, FL 34109 | Mailing Address P.O. BOX 770067 NAPLES, FL 34107-0067 |
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01132004No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 75-3079940 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WOLFF, CASEY ESQ. 801 ANCHOR RODE DRIVE, SUITE 203 NAPLES, FL 34103 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

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

000000052866
02/16/04-80105-021 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHROEDER, KLAUS PO BOX 770067 NAPLES, FL 34107 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: KLAUS D. SCHROEDER 1-25-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #