2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# L02000023687

Entity Name: ARNOLD & GENTLEMAN, L.L.C.

Current Principal Place of Business:

4933 N TAMIAMI TRAIL
#202
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4933 N TAMIAMI TRAIL
#202
NAPLES, FL 34103

New Mailing Address:

FEI Number: 13-4218680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORAGH, PETE
4415 METRO PARKWAY STE. 325
FORT MYERS, FL US

Name and Address of New Registered Agent:

DORAGH, PETE
4415 METRO PARKWAY STE. 325
FORT MYERS, FL 33907 US

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.

SIGNATURE: PETER D. DORAGH 04/26/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: PT ( ) Delete
Name: ARNOLD, KEITH
Address: 4933 N TAMIAMI TRAIL #202
City-St-Zip: NAPLES, FL 34103

Title: VPS ( ) Delete
Name: GENTLEMAN, THAD
Address: 4933 N TAMIAMI TRAIL #202
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ARNOLD, KEITH
Address: 4933 N TAMIAMI TRAIL #202
City-St-Zip: NAPLES, FL 34103

Title: MGRM (X) Change ( ) Addition
Name: GENTLEMAN, THAD
Address: 4933 N TAMIAMI TRAIL #202
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: J. KEITH ARNOLD MGR 04/26/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date