

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90099 035 \*\*\*\*50.00

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1st MOORE CR2E083 (10/04)

<b>DOCUMENT # L02000024756</b>					
1. Entity Name <b>ARMSTRONG REAL ESTATE, L.L.C.</b>					
Principal Place of Business <b>2385 NAPLES TRACE CIRCLE, NO. 1 NAPLES FL 34109</b>			Mailing Address <b>2385 NAPLES TRACE CIRCLE, NO. 1 NAPLES FL 34109</b>		
2. Principal Place of Business <b>2385 NAPLES TRACE CIRCLE</b> Suite, Apt. #, etc. <b>#1</b>		3. Mailing Address <b>2385 NAPLES TRACE CIRCLE</b> Suite, Apt. #, etc. <b>#1</b>			
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>		4. FEI Number <b>55-0821877</b>	
Zip <b>34109</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ARMSTRONG, NANCY 2385 NAPLES TRACE CIR #1 NAPLES FL 34109</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <u>Nancy Armstrong President</u> DATE <u>4-20-05</u> <small>Signature, typed or printed name of registered agent and state is applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2005</b></p>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLS, RICHARD 13 BAY BERRY LANE KINGSTON MA 02364	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NANCY L. ARMSTRONG 2385 NAPLES TRACE CIR. #1 NAPLES, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Nancy Armstrong</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <u>4-20-05</u> (239) 598-3342 <small>Daytime Phone #</small>		