2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 24, 2005 08:00 AM Secretary of State DOCUMENT # L02000025121 1. Entity Name NAPLES SOUTH, L.L.C. Principal Place of Business Mailing Address 7100 W. COMMONS REAL 7100 W. COMMONS REAL SUITE 402 BOCA RATON FL 33433 SUITE 402 BOCA RATON FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State Applied For 4. FEI Number 33-1024735 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZEDECK, LEONARD E ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 13790 NW 4TH ST., STE 113 SUNRISE FL 33325 City 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, lyped or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Addition TITLE Delete TITLE Change U00000274262 BLOOM, ASHLEY B NAME NAME 03/24/05-80003-023 50.00 STREET ADDRESS 7100 W. CAMINO REAL SUITE 402 STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP **BOCA RATON FL 33433** MGR Delete TITLE TITLE Change ☐ Addition NAME ZEDECK, LEONARD E NAME STREET ADDRESS 13790 NW 4TH ST., STE 113 STREET ADDRESS CITY-ST ZIP SUNRISE FL 33325 CHY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7/P CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Tette F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REFRESENTA