


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90234 042 \*\*\*\*\*55.00

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**DOCUMENT # L02000025121**  
1. Entity Name  
**NAPLES SOUTH, L.L.C.**



Principal Place of Business: **1820 NE 163RD STREET, SUITE 101  
N. MIAMI BEACH FL 33162**  
Mailing Address: **PO BOX 600429  
N. MIAMI BEACH FL 33160**

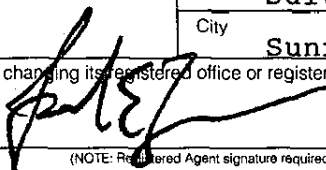
2. Principal Place of Business: **900 N. Federal Hwy.  
Suite, Apt. #, etc.  
Suite 410**  
3. Mailing Address: **900 N. Federal Hwy.  
Suite, Apt. #, etc.  
Suite 410**

City & State: **Boca Raton Florida**  
City & State: **Boca Raton, Florida**  
Zip: **33432** Country: **USA**

  
 CHECK HERE IF MAKING CHANGES  
4. FEI Number: **33-1024735**  
Applied For:  Not Applicable  
5. Certificate of Status Desired: **XX** \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ZEDECK, LEONARD E ESQUIRE  
LEONARD E. ZEDECK, P.A.  
1820 NE 163RD STREET, SUITE 101  
N. MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent  
Name: **Zedek, Leonard E. ESQ.**  
**Leonard E. Zedek, P.A.**  
Street Address (P.O. Box Number is Not Acceptable): **13790 NW 4th Street  
Suite 113**  
City: **Sunrise** FL Zip Code: **33325**

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: **4/16/03**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ashley B. Bloom 900 N. Federal Hwy. Ste.410 Boca Raton, Florida 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Leonard E. Zedek, P.A. 13790 NW 4th St. Suite 113 Sunrise, Florida 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  **Leonard E Zedek** 4/21/03 954-467-7277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)