


**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**

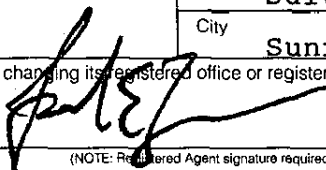
2. Principal Place of Business: **900 N. Federal Hwy.
Suite, Apt. #, etc.
Suite 410**
3. Mailing Address: **900 N. Federal Hwy.
Suite, Apt. #, etc.
Suite 410**

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: **\$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**

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
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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)