




**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # LQ2000027003</b>			
1. Entity Name NAUTILUS INVESTMENTS, LLC			
Principal Place of Business 4623 NW 53RD AVENUE GAINESVILLE, FL 32606	Mailing Address 4623 NW 53RD AVENUE GAINESVILLE, FL 32606		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01132005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 54-2083886	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  KARAHALIOS, MICHELE-RENEE 4623 NW 53RD AVENUE GAINESVILLE, FL 32606		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			
9. MANAGING MEMBERS/MANAGERS		 <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARAHALIOS, ESTATHIOS 4626 N.W. 53 AVENUE GAINESVILLE, FL 32606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARAHALIOS, MICHELE-RENEE 4623 NW 53 AVE GAINESVILLE, FL 32606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>M. Karahalios</u>		1/13/05 352-375-3330	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	