

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90154 018 ****55.00

DOCUMENT # L02000034074

1. Entity Name
TAMIAMI SQUARE OF NAPLES, LLC



Principal Place of Business
**2375 TAMIAMI TRAIL NORTH STE. 208C
NAPLES, FL 34103**

Mailing Address
**2375 TAMIAMI TRAIL NORTH STE. 208C
C/O CRIFASI ENTERPRISES, INC.
NAPLES, FL 34103**

20006322



01042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0444865

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRIFASI ENTERPRISES, INC.
2375 TAMIAMI TRAIL NORTH STE. 208C
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **CRIFASI ENTERPRISES, INC.**
STREET ADDRESS **2375 TAMIAMI TRIAL NORTH, SUITE 208C**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE
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IN THIS SPACE**

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 registered agent of the company as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/13/05 239-594-7000