2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017018

1. Entity Name
NAPLES FOURSOME, L.L.C.

4U0J1JJJ

Principal Place of Business	Mailing Address
2950 TAMIAMI TRAIL NORTH, STE. 16	2950 TAMIAMI TRAIL NORTH, STE. 16
NAPLES, FL 34102	NAPLES, FL 34102

04012005No Chg-LLC   CR2E083 (10/03)

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4. FEI Number	Applied For
20-0440230	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent.

MURRAY, PAUL A
5667 NAPLES BLVD.
NAPLES, FL 34109

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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	KYRITSIS, ATHINA
STREET ADDRESS	2950 TAMIAMI TRAIL N, STE.16
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	MGRM
NAME	GREKOS, ZANNOS
STREET ADDRESS	2950 TAMIAMI TRAIL N. STE.16
CITY-ST-ZIP	NAPLES, FL 34103
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	

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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: _____   5 April 05   2396494805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #