


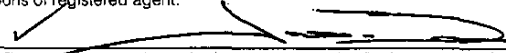
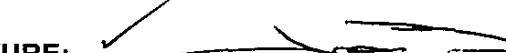
5/2

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2005 MAY 23 AM 10: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000017057			
1. Entity Name CAPTIVA CORAL, L.L.C.			
Principal Place of Business 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904		Mailing Address 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904	
2. Principal Place of Business 1314 Lafayette St.		3. Mailing Address 1314 Lafayette St.	
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc. Suite C	
City & State Cape Coral, FL		City & State Cape Coral, FL	
Zip 33904	Country USA	Zip 33904	Country USA
6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ SUITE C, 1105 CAPE CORAL PKWY., EST CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Baserva, Jose Street Address (P.O. Box Number is Not Acceptable) 1314 Lafayette St., Suite C City Cape Coral, FL Zip Code 33904	
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 4/25/05	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BASERVA, JOSE 1318 LAFAYETTE ST. CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Baserva, Jose 1314 Lafayette St., Suite C Cape Coral, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3000551902015 05/24/05--01049--002 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition **\$50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		Date 4/25/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	