


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000018182</b> 1. Entity Name <b>MURNANE-FORTUNE, L.L.C.</b>	
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Principal Place of Business <b>2700 IMMOKALEE RD. #9 NAPLES, FL 34110</b>	Mailing Address <b>2700 IMMOKALEE RD. #9 NAPLES, FL 34110</b>
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**DO NOT WRITE IN THIS SPACE**



04222005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>81-0612200</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
**COHEN & GRIGSBY, P.C.  
SUITE 309  
27200 RIVERVIEW CENTER BLVD.  
NAPLES, FL 34134**

**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 NAME STREET ADDRESS CITY - ST - ZIP	MGR NOYES, HILARY F MRS 488 WORTHINGTON NAPLES, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALBERT, PATTY A MRS 2159 HARLAN'S RUN NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PHOENIX, CLAUDIA MRS 178 BERMUDA MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000350021  
05/02/05-80087-021 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Alley F. Noyes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4-27-05* *239-591-1616*  
Date Daytime Phone #