2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 03, 2005 08:00 AM Secretary of State **DOCUMENT # L03000019612** NAPLES MMR, LLC Principal Place of Business Mailing Address 1601 BELVEDERE RD., STE. 407 SOUTH 1601 BELVEDERE RD., STE. 407 SOUTH WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 04212005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 05-0575392 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MAPES, PAUL DO NOT WRITE 1601 BELVEDERE RD., STE. 407 SOUTH WEST PALM BEACH, FL 33406 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) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGR TITLE METZ, JOHN NAME 1601 BELVEDERE RD., STE. 407 SOUTH STREET ADDRESS NORTH PALM BEACH, FL 33408 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 eath; 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

FILED