


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90124 038 \*\*\*\*\*55.00

<b>DOCUMENT # L03000041102</b> 1. Entity Name <b>NEAPOLITAN, LLC</b>					
Principal Place of Business <b>2690 CYPRESS TRACE CIR, UNIT #3226 NAPLES, FL 34112</b>				Mailing Address <b>2690 CYPRESS TRACE CIR, UNIT #3226 NAPLES, FL 34112</b>	
2. Principal Place of Business		3. Mailing Address <b>8325 EXCALIBUR CR.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 05</b>			
City & State		City & State <b>Naples, FL</b>			
Zip	Country	Zip <b>34108</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LEWIS, JOANNE E 8325 EXCALIBUR CR 2690 CYPRESS TRACE CIR, UNIT #3226 #05 NAPLES, FL 34112 34108</b>		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	
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.					
<b>SIGNATURE: JOANNE E. LEWIS</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> <b>Joanne E. Lewis</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div> <b>2/6/04</b>  <small>Date</small> </div> <div> <b>(239) 592-0554</b>  <small>Daytime Phone #</small> </div> </div>					

Attachment  
3/002075

8325 Excalibur Circle, Unit #0-5  
Naples, FL 34108  
March 22, 2004

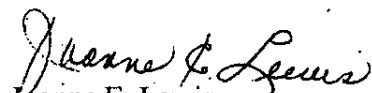
Florida Department of State  
Annual Reports Section  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Subject: Neapolitan, LLC

Reference: L03000041102

In response to the attached letter, I contacted the Division of Corporations at 850 245-6051 for additional assistance and was advised to "white out" my Social Security Number on the 2004 Limited Liability Company Annual Report and check "Not Applicable" in Block 4 which I have done and am enclosing the revised copy.

Sincerely,



Joanne E. Lewis  
Neapolitan, LLC Managing Member

jl  
Enc.