## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 04, 2005 08:00 AN Secretary of State

	ANTOAL	KEFOKI		Secretary of Stat
1. Entity Nan	MENT # L030000412	102		Secretary or State
ł	ce of Business ID POND LANE 34119 US	Mailing Address PO BOX 771359 NAPLES, FL 34107		
Ε	OO NOT WRITE		CE	04292005 No Chg-LLC CR2E083 (10/03)  4. FEI Number
6. Name and Address of Current Registered Agent FELKER, JOSEPH M 2737 ISLAND POND LANE NAPLES, FL 34107				DO NOT WRITE IN THIS SPACE
8. The above named entity stibinits 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, ryped of Printed name of legistered agent and rise if applicable (NOTE: Registered Agent signature required when relatating) DATE  Filling Fee is \$50.00  Due by May 1, 2005				
9. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE	MANAGING MEMBER MGR FELKER, JOSEPH M 2737 ISLAND POND LANE NAPLES, FL 34119	<del></del>		U00000362882 05/05/05-80134-020 50.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			·	
STREET ADDRESS CITY - ST - ZIP  TITLE NAME STREET ADDRESS CITY - ST - ZIP		n essent the		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			
TITLE NAME STREET ADDRESS CITY ST-ZIP	certify that the theoretice supplies with the	nie fillng does not griffill for the ang	amption stated in Pa	clion 118 07/9\D Elocida Statuta Liveba
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), 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 cath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  Observe  Date  Daytine flore *				