


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90054 016 ****50.00

DOCUMENT # L03000044551	
1. Entity Name NARITA LAND INVESTMENTS, LLC	

Principal Place of Business 5692 STRAND CT, STE 3 NAPLES FL 34110	Mailing Address 5692 STRAND CT, STE 3 NAPLES FL 34110
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2. Principal Place of Business 5659 STRAND COURT	3. Mailing Address 5659 STRAND COURT
Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc. SUITE 101
City & State NAPLES FL	City & State NAPLES FL
Zip 34110	Country USA



1st MOORE CR2E083 (10/04)

4. FEI Number 20-0417669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SALVATORI, LEO J 4001 TAMiami TRAIL NORTH, STE. 330 NAPLES FL 34103	7. Name and Address of New Registered Agent Name JACKIE LARSON Street Address (P.O. Box Number is Not Acceptable) 5659 STRAND COURT SUITE 101 City NAPLES FL Zip Code 34110
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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 JACKIE LARSON (Signature, typed or printed name of registered agent and title if applicable) Jackie Larson (NOTE: Registered Agent signature required when reinstating) 1/31/05 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NARITA OF NAPLES, INC. 6554 HIGHCROFT DR. NAPLES FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 1/31/05 Date Daytime Phone #