2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400000553

1. Entity Name
CACTUS PROPERTIES, LLC



Principal Place of Business

8799 MUIRFIELD DRIVE NAPLES, FL 34109

SIGNATURE:

SIGNATURE AND TYPED OR P

Mailing Address

8799 MUIRFIELD DRIVE NAPLES, FL 34109

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



DO NOT WRITE IN THIS SPACE

04072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1213521 Applied For Not Applicable

> (239) 591-

Daytime Phone #

26 APRIL OS

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name and	Address of	Current	Reg	istered	Agent

OATES, MARC F P.A. C/O MARC F. OATES ESQ 10001 TAMIAMI TRAIL N STE. 119 NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

NAPLES, I	FL 34106			THO OF AGE
	named entity submits this statement for the purpose of changin lons of registered agent.	ng its registered	office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered A	gent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBÉRS/MANAGÉRS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKOBOICE, TIMOTHY J 8799 MUIRFIELD DRIVE NAPLES, FL 34109			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKOBOICE, HEATHER B 8799 MUIRFIELD DRIVE NAPLES, FL 34109			U00000349985 05/02/05-80087-005 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	05/02/05-80087-005 50.00 NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not qual on this report is tipe and accurate and that my signature shall in bility company or tipe receiver or trustee empowered to execute	lify for the exemple have the same keeps this report as re	otion stated in Section 119.07(3)(i egal effect as if made under oath equired by Chapter 608, Florida S), Florida Statutes. I further certify that the information that I am a managing member or manager of the statutes.

NATED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TIMOTHY JON JACKOBUICE