

FILED
Feb 28, 2005 08:00 AM
Secretary of State



Mailing Address

4275 11TH AVENUE SW
NAPLES, FL 34116

DO NOT WRITE IN THIS SPACE



CR2E083 (10/03)

Applied For
Not Applicable

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE
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)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	NOE, GARY D
STREET ADDRESS	4275 11TH AVENUE SW
CITY-ST-ZIP	NAPLES, FL 34116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CONFIDENTIAL
12-217-005-07 25/01

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date _____

Business Phone #