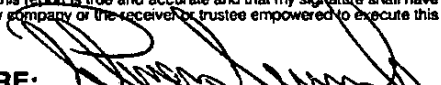


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 31, 2005 8:00 am
Secretary of State

01-10-2005 90052 033 ****50.00

DOCUMENT # L04000010580			
1. Entity Name J. SEMMLER, LLC			
Principal Place of Business 1285 GULFSHORE BLVD. NORTH, SUITE #5B NAPLES, FL 34102		Mailing Address 1285 GULFSHORE BLVD. NORTH, SUITE #5B NAPLES, FL 34102	
2. Principal Place of Business 365 Fifth Avenue South Suite, Apt. #, etc. Ste 101 City & State Naples, FL Zip 34102 Country		3. Mailing Address 365 Fifth Avenue South Suite, Apt. #, etc. Ste 101 City & State Naples, FL Zip 34102 Country	
01082005 Chg-LLC CR2E083 (10/03)		4. FEI Number 20-0856972	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GRABINSKI, MATTHEW L ESQ. 4001 TAMiami TRAIL NORTH, #300 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SEMMLER, STEVEN 1285 GULFSHORE BLVD. NORTH, SUITE #5B NAPLES, FL 34102 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		Date: 1-6-05 239430-7447	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			