



# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 17 AM 8:31

<b>DOCUMENT # L04000014597</b> 1. Entity Name <b>ENTIRE REAL ESTATE GROUP L.L.C.</b>					
Principal Place of Business <b>5876 PARADISE CIRCLE NAPLES, FL 34110</b>			Mailing Address <b>5876 PARADISE CIRCLE NAPLES, FL 34110</b>		
2. Principal Place of Business <b>11983 TAMiami NORTH TRAIL</b> Suite, Apt. #, etc. <b>150 - 151</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>NAPLES FLORIDA</b>		City & State		03142005 Chg-LLC CR2E083 (10/03)	
Zip <b>34110</b>		Country <b>USA</b>		4. FEI Number <b>20-0774004</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PANUTSOS, JOHN GUS 5876 PARADISE CIRCLE NAPLES, FL 34110</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>John Gus Panutos</u> <b>JOHN GUS PANUTSOS</b> <u>3/14/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PANUTSOS, JOHN GUS 5876 PARADISE CIRCLE NAPLES, FL 34110</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE: <u>John Gus Panutos</u> MGR 3/14/2005 239-821-0360</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					