## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Mar 02, 2005 8:00 am Secretary of State

2/17/05

239-649-1509 Daytime Phone #

Marcian Application of State	DOCUMENT # L0400019041  1. Entity Name NEOPOLITAN VENTURES, LLC								03-02-2003	90010 027	)(	0.00
Sulfo, Apt. #, etc.	3050 NORTH SUITE 270	I HORSESHO		3050 NORTH HORSESHOE DRIVE Suite 270			1 J <b>e 1</b> (1 <b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BORK BURU BOKU BOKU BOKU	-   1818    11 8   81 4   81 4		121	
City & State    City & State   City	2. Principal Pl	lace of Busin	ess	3. Mailing Address								
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S. Name and Address of Current Registered Agant  7. Name and Address of New Registered Agant  7. Name and Address of New Registered Agant  8. Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FIlling Fee is \$50.00  Due by May 1, 2005  Points a Special Agent with a generated the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepts the declipations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the declipations of registered agent, or both, in the State of Florida. I am familiar with, and accepts the declipation of registered agent, or both, in the State of Florida. I am familiar with, and accepts the declipation of registered agent, or both, in the State of Florida. I am familiar with, and accepts the declipation of registered agent, or both, in the State of Florida. I am familiar with, and accepts the declipation of registered agent, or both, in the State of Florida. I am familiar with, and accepts the familiar with, an	City & State							4. FEI Numbe			Not	Applicable
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Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		6. Name	and Address of Current R	egistered Agent								
Street Auditors    Street Auditors   Street Audi	WOOLE	OLIDIO.										
E. 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 deligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SUBMATURE  SUBMATUR	3050 NORTH HORSESHOE DRIVE, SUITE 270					Street Address (P.O. Box Number is Not Acceptable)						
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						City	_			EI Zip	Code	<u> </u>
SIGNATURE    Supraise, typod or privad name of regulared agent and she if apokasiae. (NOTE Regulared Agent algracular required when remataring)   Charge   Mark check payable to Florida Department of State	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 according to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida.											
Filling Fee Is \$50.00    Make check payable to Florida Department of State   Separate, proper or printed agree on the 4 applicable.   (NOTE: Repairmed Apent separate required												
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE MGR	- CIGITATORIE	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signati	re required	when reinstating)		DATE		
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