## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

S. Name and Address of Current Registered Agen?  FRIEDMAN, CAROL V 1518S STORRINGTON PLACE, SUITE 200  NAPLES FL 34110  8. The above named winty submits bits statement for the purpose of changing its registered office or registered agen, or both, in the State of Florids. I am familiar with, and accomplished to trivial ram a required agent act to 1 included:    City		L04000019536											
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SECRETARY OF STATE  SIRES STORNANDON PLACE, SUITE 200  ISBS STORNANDON PLA	CVF ASSOCIATES, L.L.C.							05 OCT -6	AM 10:	ી : 25			
2. Principal Place of Business 3. Mailing Address 3. Mailing Address 4. Suite 4. FEI Number 1. Int MOORE CR2608 (1004)  City & Statre City & Statre 4. FEI Number 1. Supplied For Suite 2. Suite 3. Suite	Principal Place	e of Business		Mailing Address	•	•	1	SECRETARY			Olacia		
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   1et MOORE   CR2EOBS (1004)	15185 STOR	RINGTON		15185 STORRINGTON	I PLACE	, SUITE 200	17/	ALLAHASSE	OF ST. E. FLO	ATE RIDA	10410		
City & Sate    City & State   City & State   City & State   Country   S. Certification of Status Desired   \$5.00 Acadisman   Month Applied For Proprietion   S. Certification of Status Desired   \$5.00 Acadisman   Prov Requester   Prov Requester	Principal Place of Business     3. Mailing Address												
Standard Status Desired   Status Desired De	Suite, Apt. #, etc.			Suite, Apt. #, etc.		1	st MOORE	CR2E0	83 (10/04)				
S. Certificate of States Desired   Fee Regulator Fee Regulator	City & State			City & State					oplied For ot Applicable				
FRIEDMAN, CAROL V 1518S STORRINGTON PLACE, SUITE 200  NAPLES FL 34110  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Footids. I am farmhare with, and accomplished agent, or both, in the State of Footids. I am farmhare with, and accomplished of preparations of registered agent.  SIGNATURE    City   FL   Zip Code	Zip Country			Zip Coun		ntry	S. Certificate of State		0				
Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	Registered Agent	Nama	7. Name en	d Address of New	Registered	Agent				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the obligations of registered agent.  SIGNATURE    Signature indeed or initial name of registered agent and title is spokeable   (AOTE Regimend Agent signature incored when reindancy)   (DATE	1518	85 STORI	RINGTON PLACE,										
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 Floride. I am familian with, and accide the obligations of registered agent.    SignaTure	•					City			F	Zip Cod	ie .		
SIGNATURE   Square from a linguised agent and life is explained   (NOTE Registed Agent squares recover when remaining)   OUTE	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												
FRIEDMAN, CAROL V  MANAGING MEMBERS / MANAGERS  10. ADDITIONS/CHANGES  INITE  MAGR FRIEDMAN, CAROL V  SINET ADDRESS CITY-ST-2P  NAPLES FL 34110  Deteb  INITE NAME STREET ADDRESS CITY-ST-2P  NAPLES FL 34110  Deteb  INITE NAME STREET ADDRESS CITY-ST-2P  INITE NA	SIGNATURE												
MANAGING MEMBERS / MANAGERS   10.   ADDITIONS/CHANGES   AND   AND   ADDITIONS/CHANGES   ADDITIONS/CHANGE		Signature, lyped	or printed name of registered agent				d when reinstating) നല്ലയ്ക്കുടെ കാരവ		DATE				
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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:  WWW 309 (239) 692-7		}				<b>I</b>							
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Department of Departme													

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