2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# L04000032635

Entity Name: ASSETCARE OF NAPLES, L.L.C.

Current Principal Place of Business:

4001 SANTA BARBARA BLVD.
NAPLES, FL 34104

New Principal Place of Business:

4001 SANTA BARBARA BLVD. #140
NAPLES, FL 34104 US

Current Mailing Address:

4001 SANTA BARBARA BLVD.
NAPLES, FL 34104

New Mailing Address:

4001 SANTA BARBARA BLVD. #140
NAPLES, FL 34104 US

FEI Number: 20-1094912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLIVIC, SCOTT R
4001 SANTA BARBARA BLVD.
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

GLIVIC, SCOTT R
4001 SANTA BARBARA BLVD. #140
NAPLES, FL 34104 US

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.

SIGNATURE: SCOTT R. GLIVIC 04/19/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: GLIVIC, SCOTT R
Address: 4001 SANTA BARBARA BLVD.
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GLIVIC, SCOTT R
Address: 4001 SANTA BARBARA BLVD. #140
City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SCOTT R. GLIVIC MGRM 04/19/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date