


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90181 036 ****55.00

DOCUMENT # L04000033407

1. Entity Name
EARTH VIEW, LLC



Principal Place of Business
**2827 SILVERLEAF LANE
 NAPLES, FL 34105**

Mailing Address
**2827 SILVERLEAF LANE
 NAPLES, FL 34105**



2. Principal Place of Business
3894 Mannix Drive

3. Mailing Address
3894 Mannix Drive

Suite, Apt. #, etc.
Suite 216

Suite, Apt. #, etc.
Suite 216

01242005 Chg-LLC CR2E083 (10/03)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
20-1083164

Applied For
 Not Applicable

Zip
34114

Country
USA

Zip
34114

Country
USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NOVATT, JEFF M ESQ.
 C/O CHEFFY, PASSIDOMO, ET AL
 821 FIFTH AVENUE SOUTH, SUITE 201
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
Howard J Murrell, Jr.

Street Address (P.O. Box Number is Not Acceptable)
3894 Mannix Drive

Suite 216

City
Naples

FL Zip Code
34114

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  **Howard J Murrell, Jr.** DATE **2/8/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRELL, HOWARD J JR. 2827 SILVERLEAF LANE NAPLES, FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3894 Mannix Drive, Suite 216 Naples, FL 34114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 if authorized, empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Howard J Murrell, Jr.** DATE **2/8/05** (239)435-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #