2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90373 039 ****50.00

Suite, Apt. #, etc. Suite, Status Desired Applied Applied Applied Applied Applied Suite, Apt. #, etc.	OCUMENT # L04000 Initity Name ORTH PORT REALTY PARTN			05-02-2005 90373 039 ****50.00
Suite, Apt. #, etc. Suite, Status Desired Applied Applied Applied Applied Applied Suite, Apt. #, etc.	FOURTH AVENUE SOUTH	847 FOURTH AVENUE	SOUTH	
City & State Naples, FL Naples Street Address of New Registered Agent Name Name Name			venue North	
Naples, FL Zip 34102 Country S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent WOOD, DOUGLAS A 1000 NORTH TAMIAMI TRAIL SUITE 201 NAPLES, FL 34102 City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Make check payable to Florida Department of State Make C	uite, Apt. #, etc.	Suite, Apt. #, etc.	•	04252005 Chg-LLC CR2E083 (10/03)
S. Name and Address of Current Registered Agent WOOD, DOUGLAS A 1000 NORTH TAMIAMI TRAIL SUITE 201 NAPLES, FL 34102 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM SIREET ADDRESS 641 PINE COURT NAPLES, FL 34102 TITLE MGRM SIREET ADDRESS 641 PINE COURT NAPLES, FL 34102 TITLE MGRM SIREET ADDRESS 647 FOURTH AVENUE SOUTH NAPLES, FL 34102 SIREET ADDRESS 647 FOURTH AVENUE SOUTH NAPLES, FL 34102 SIREET ADDRESS 647 FOURTH AVENUE SOUTH NAPLES, FL 34102 SIREET ADDRESS 647 FOURTH AVENUE SOUTH NAPLES, FL 34102 SIREET ADDRESS CITY-ST-2PP NAPLES, FL 34102				
WOOD, DOUGLAS A 1000 NORTH TAMIAMI TRAIL SUITE 201 NAPLES, FL 34102 City City FL 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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. NOTE: Registered Agent segreture required when remitating) DATE Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM SIREET ADDRESS CITY-SI-ZIP MGRM CABRAL, TIM SIREET ADDRESS CITY-SI-ZIP MARK CABRAL, TIM SIREET ADDRESS CITY-SI-ZIP NAPLES, FL 34102 NAPLES, FL 34102 NAPLES, FL 34102			Country	5. Certificate of Status Desired S5.00 Additional Fee Required
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL 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 a the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES INTLE MARK SCHROEDER, MICHAEL J 641 PINE COURT ITTLE MARK CABRAL, TIM MAKE CABRAL, TIM SIREET ADDRESS GITY-SI-JP NAPLES, FL 34102 STREET ADDRESS GITY-SI-JP NAPLES, FL 34102 City ST. JP NAPLES, FL 34102 STREET ADDRESS CITY-SI-JP NAPLES, FL 34102	6. Name and Address of Co	urrent Registered Agent	Name	7. Name and Address of New Registered Agent
City FL 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 a the obligations of registered agent. SIGNATURE Signature, typed or privided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM SCHROEDER, MICHAEL J SIREET ADDRESS G41 PINE COURT CITY-ST-ZIP NAPLES, FL 34102 TITLE MGRM CABRAL, TIM SIREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 TITLE MGRM CABRAL, TIM SIREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102	00 NORTH TAMIAMI TRAIL		Street Address	ss (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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ### Make check payable to Florida Department of State 9.			City	Zin Code
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Filling Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete NAME SCHROEDER, MICHAEL J STREET ADDRESS CITY-ST-2IP NAPLES, FL 34102 TITLE MGRM Delete ITTLE MGRM CABRAL, TIM SIREET ADDRESS CITY-ST-2IP TITLE MGRM CABRAL, TIM SIREET ADDRESS CITY-ST-2IP NAME SIREET ADDRESS CITY-ST-2IP NAME SIREET ADDRESS CITY-ST-2IP NAPLES, FL 34102 TITLE MGRM CABRAL, TIM SIREET ADDRESS CITY-ST-2IP NAPLES, FL 34102 TITLE MGRM CABRAL, TIM SIREET ADDRESS CITY-ST-2IP NAPLES, FL 34102	he above named entity submits this state.	ment for the oursons of changing its		FL `
Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 TITLE MGRM Delete NAME STREET ADDRESS 847 FOURTH AVENUE SOUTH NAPLES, FL 34102 DATE MAKE check payable to Florida Department of State 10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 Delete TITLE MGRM CABRAL, TIM STREET ADDRESS STREET	ne obligations of registered agent.	To the purpose of all lighting he	3 / Og (31.51.51.51.51.51.51.51.51.51.51.51.51.51	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11TLE MGRM Delete SCHROEDER, MICHAEL J STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 11TLE MGRM DELETE TORRESS CITY-ST-ZIP NAPLES, FL 34102 11TLE MGRM CABRAL, TIM STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 11TLE MGRM CABRAL, TIM STREET ADDRESS STREET	Signature, typed or printed name of register	ed agent and title if applicable. (NOT	TE: Registered Agent signature requi	uired when reinstating) DATE
TITLE NAME SCHROEDER, MICHAEL J NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 TITLE MGRM Delete STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 TITLE MGRM Delete TITLE MGRM CABRAL, TIM NAME CA	Filing Fee is \$50.00 Due by May 1, 2005			
NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 NAME STREET ADDRESS CITY-ST-ZIP NAME CABRAL, TIM STREET ADDRESS 847 FOURTH AVENUE SOUTH NAME CITY-ST-ZIP NAPLES, FL 34102 NAME Cabral, Tim STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 NAME NAME NAME Cabral, Tim NAME NAME NAME NAME NAME NAME NAME NAME				
NAME CABRAL TIM SIREEI ADDRESS 847 FOURTH AVENUE SOUTH CITY-ST-ZIP NAPLES, FL 34102 STREET ADDRESS CITY-ST-ZIP Naples, FL 34102 Naples, FL 34102	SCHROEDER, MICHAEL . 641 PINE COURT		NAME STREET ADDRESS	☐ Change ☐ Add
	CABRAL, TIM 847 FOURTH AVENUE SC		NAME Cak	bral, Tim 84 6th Avenue North
THE Delete TITLE Change C NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	ET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	Change Add
TITLE Delete TITLE Change Change NAME NAME STREET ADDRESS . CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	T ADDRESS	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Add
TITLE Delete TITLE Change Change NAME NAME STREET ADDRESS . . CITY-ST-ZIP CITY-ST-ZIP . .	ET ADDRESS	Deleta	NAME STREET ADDRESS	Change Add
TITLE Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	ET ADDRESS		NAME STREET ADDRESS	Change Ado
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 inform indicated on this report is five aid 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	indicated on this report is true and accura limited liability company or the receiver or	ate and that my signature shall have	e the same lenal effect as it	if made under path; that I am a managing member or manager of the