## 2005 LIMITED LIABILITY COMPANY

## Apr 11, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-11-2005 90045 017 \*\*\*\*50.00 **DOCUMENT # L04000038080** FHI NAPLES MANAGEMENT, LLC Principal Place of Business Mailing Address 20028484 320 BALMORAL COURT 717 EAST OAK STREET KISSIMMEE, FL 34744 US DAVENPORT, FL 33896 HS 3. Mailing Address 2. Principal Place of Business Suite. Apt. #. etc. Suite, Apt. #, etc. 03052005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-1157167 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Eddie Henry BAUMRUK, ANDY J Street Address (P.O. Box Number is Not Acceptable) 320 Balmoral Court 717 EAST OAK STREET KISSIMMEE, FL 34744 Davenport 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, typed or printed name of regis Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10, ADDITIONS/CHANGES 9. MGRM TITLE TITLE Change ☐ Addition HENRY, EDDIE NAME NAME 320 BALMORAL COURT STREET ADDRESS STREET ADDRESS DAVENPORT, FL 33896 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition HENRY, ADRIENNE NAME STREET ADDRESS 320 BALMORAL COURT STREET ADDRESS DAVENPORT, FL 33896 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Defete TITLE Change ☐ Addition MIDWINTER, GRAHAM NAME NAME STREET\_ADDRESS 320 BALMORAL COURT STREET ADDRESS CITY-ST-7:P DAVENPORT, FL 33896 CITY-ST-ZIP MGRM ☐ Delete TITLE Change ☐ Addition TITLE MIDWINTER, LINDA NAME 320 BALMORAL COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVENPORT, FL 33896 CITY-ST-ZIP Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

☐ Change

Addition

11. I hereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME\_

STREET ADDRESS

CITY-ST-7IP

☐ Delete

TITLE NAME

STREET ADDRESS

CITY-S1-ZIP

4 APR 2005 EDWARD HENRY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone