2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# L04000046116

Entity Name: SERPENTS ETC. LLC

Current Principal Place of Business:

9331 TAMIAMI TRAIL N.
#20
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

2581 54TH AVE. N.E.
NAPLES, FL 34120

New Mailing Address:

FEI Number: 20-1217781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FLYNN, EMILY C
2581 54TH AVE. N.E.
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

GOGGIN, DANIEL
2581 54TH AVE. N.E.
NAPLES, FL 34120 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: DANIEL GOGGIN 05/01/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: FLYNN, EMILY C
Address: 2581 54TH AVE. N.E.
City-St-Zip: NAPLES, FL 34120 US

Title: MGRM (X) Delete
Name: GOGGIN, DANIEL
Address: 2581 54TH AVE. N.E.
City-St-Zip: NAPLES, FL 34120 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GOGGIN, DANIEL
Address: 2581 54TH AVE. N.E.
City-St-Zip: NAPLES, FL 34120 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DANIEL GOGGIN MGR 05/01/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date