

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059996

FILED
Feb 10, 2005
Secretary of State

Entity Name: GARDEA ASSOCIATES, LLC

Current Principal Place of Business:

540 HARBOUR DRIVE
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

540 HARBOUR DRIVE
NAPLES, FL 34103

New Mailing Address:

FEI Number: 11-0725025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SANTORO-SCACCO, JOYCE
540 HARBOUR DRIVE
NAPLES, FL 34103 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: JOYCE SANTORO

02/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SANTORO, DEAN
Address: 540 HARBOUR DRIVE
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Delete
Name: SANTORO, GARY
Address: 540 HARBOUR DRIVE
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Delete
Name: SANTORO, JOYCE
Address: 540 HARBOUR DRIVE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

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

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

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: DEAN SANTORO

MGR

02/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date