2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061173

Entity Name: SPYGLASS OF NAPLES, L.C.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

985 CHESAPEAKE BAY CT 15673 SUMMIT PLACE CIR. NAPLES, FL 34120 NAPLES, FL 34119 US

Current Mailing Address: New Mailing Address:

15275 COLLIER BLVD. SUITE #201, PMB 196 NAPLES, FL 34119

FEI Number: 65-1228375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REEVE, DIAMOND D
985 CHESAPEAKE BAY CT
NAPLES, FL 34120 US
REEVE, DIAMOND D
15673 SUMMIT PLACE CIR.
NAPLES, FL 34119 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: DIAMOND D. REEVE 04/27/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition
Name: REEVE, DIAMOND D
Address: 985 CHESAPEAKE BAY CT Address: 15673 SUMMIT PLACE CIR.
City-St-Zip: NAPLES, FL 34120 US City-St-Zip: NAPLES, FL 34119 US

Title: () Delete Title: MGRM () Change (X) Addition Name: REEVE, GABRIELLA

 Name:
 Name:
 REEVE, GABRIELLA

 Address:
 Address:
 15673 SUMMIT PLACE CIR.

 City-St-Zip:
 City-St-Zip:
 NAPLES, FL 34119 US

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: GABRIELLA REEVE MGRM 04/27/2005