


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90041 007 ****55.00

DOCUMENT # L04000065879 1. Entity Name CORRADI PALM BEACH BLVD, LLC					
Principal Place of Business 3047 HORIZON LANE UNIT 1903 NAPLES, FL 34109			Mailing Address 3047 HORIZON LANE UNIT 1903 NAPLES, FL 34109		
2. Principal Place of Business 740 WEST ST.		3. Mailing Address 740 WEST ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NAPLES, FLORIDA		City & State NAPLES, FLORIDA		4. FEI Number 20-1621338	
Zip 34108		Country COLLIER		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORRADI, MICHAEL K 3047 HORIZON LANE UNIT 1903 NAPLES, FL 34109			7. Name and Address of New Registered Agent Name CORRADI, MICHAEL K. Street Address (P.O. Box Number is Not Acceptable) 740 WEST ST. City NAPLES FL Zip Code 34108		
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 <u><i>Michael K. Corrad</i></u> DATE <u>7-12-2005</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORRADI, MICHAEL K 3047 HORIZON LANE, UNIT 1903 NAPLES, FL 34109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORRADI, MICHAEL K. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 740 WEST ST. NAPLES, FLORIDA 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
SIGNATURE: <u><i>Michael K. Corrad</i></u> DATE <u>7-12-2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					