

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 16, 2005 8:00 am
Secretary of State

04-20-2005 90035 035 *****50.00

DOCUMENT # L04000079373 1. Entity Name NORTH NAPLES PROPERTIES, LLC			
Principal Place of Business 83 RIVER COURT NAPLES, FD 34110		Mailing Address 83 RIVER COURT NAPLES, FD 34110	
2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i>		3. Mailing Address Suite, Apt. #, etc. <i>Same</i>	
City & State _____		City & State _____	
Zip _____		Zip _____	
Country _____		Country _____	
4. FEI Number 76-0773005		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04052005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent REX, WAYNE 83 RIVER COURT NAPLES, FL 34110		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REX, WAYNE 83 RIVER COURT NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REX, SHERRY 83 RIVER COURT NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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: <i>Wayne REX</i>		4-2-05 239-450-8578	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone</small>	